# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name CI					ssification	Population	Owner Type	Primary Source
CT0181182 BROOKFIELD LANES					NC	30	Р	GW
Local Address (where applicable)		Service	Residentia		Commercia	al Industri	al Combine	ed Agricultural
840 FEDERAL RO	DAD	Connections	1					

Towns Served: BROOKFIELD

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other	Comp	liance S	chedu	les
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Compliance Schedule Activity Due Date Achieved Date

L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) 11/2/2018

Public Notification Requirements										
	Compliance	Notice	Public Notification	PN Certification						
Violation / Situation	Dariod	Tior	Demotral Democrat	December DOLL December of						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS ID PWS Name						Population	Owner Type	Prin	nary Source	
CT0181182	CT0181182 BROOKFIELD LANES						30	Р		GW	
Local Address (where applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed .	Agricultural	
840 FEDERAL RC		Connections	1								
Towns Served: B	Towns Served: BROOKFIELD										
Total Coliform N	1CL Violation	10/1/2	14 - 12/31/14	2		1/8/2015	renjonne	1/18/201	.5	necerveu	
Total Coliform M	1CL Violation	7/1/:	15 - 9/30/15	2		9/10/2015		9/20/201	.5		
Total Coliform M	1CL Violation	8/1/	15 - 8/31/15	2		10/11/2015		10/21/201	15		
REVISED TOTAL	COLIFORM RULE (RTCR) TT Violation	8/2/	18 - 9/3/18	2		9/13/2018	10/20/201	9/23/201	8	2/11/2019	
REVISED TOTAL	COLIFORM RULE (RTCR) TT Violation	1	1/3/18 -	2		1/18/2019	2/11/201	9 1/28/201	9	2/11/2019	
E. Coli M&R Viol	E. Coli M&R Violation 6/6/18 - 6/12/18			3		8/31/2019		9/10/201	9		
REVISED TOTAL	COLIFORM RULE (RTCR)	9/6/:	18 - 11/2/18	3		11/21/2019	1/31/201	9 12/1/201	9	1/31/2019	

Connecticut Department of Public Health Drinking Water Section

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	BROOKFIELD LANES	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
1762	WELL 3	2	WELL 3	Α							

			Co	ntact Inf	ormation				
Name				Organization	1		Job Title		
Mr. Edward McCar	ty	Brookfield La	anes						
Mailing Address Line One Mailing Address				ess Line Two		City		State	Zip Code
840 Federal Road				Brookfie			d	СТ	06804
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
203-775-3323					203-775-4343	brookfieldlanesct@yahoo.com			
Contact Role(s): A	dministrative C	ontact, Leg	al Contact, O	wner	•	•			

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Α

WELL

2

20069

47481

WELL

TREATMENT PLANT

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C					sification	Population	Owner Type	Primary Source
CT0181222		NC	30	Р	GW			
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
819 FEDERAL ROAD		Connections	1					

Towns Served: BROOKFIELD

Contact Information										
Name				Organization	l	Job Title				
Mr. Joseph McCormick				Cpd Parent F	Properties LLC	Env Compliance Mgr				
Mailing Address Line One Mailing Addr				Address Line Two	ress Line Two			State	Zip Code	
819 Federal Road					Brookfie			СТ	06804	
<b>Business Phone</b>	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
845-883-6141	207	518-514-2	1301		845-256-5020	jmccormick@cpdenergy.com				

### Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

	Connecticut De	epartment of	Public H	lealth	Drin	king	Wat	er Se	ection		
	Water Q	uality Monit	oring and	d Com	plia	nce So	ched	ule			
PWS ID	PWS Name	<u>J</u>							ner Type	Primary Source	
CT018932	THE WHITE HOUSE				N	С	25		Р	GW	
Local Add	ress (where applicable)		Service	Resident	ial Co	mmercial	Indu	strial	Combine	d Agricultural	
499 FEDE	RAL ROAD		Connections	1							
Towns Se	rved: BROOKFIELD			I	ı			I.			
		Monito	oring Requ	iiremer	its						
Water Sy	stem Facility: <b>DISTRIBUTIO</b>	N SYSTEM (WSF I	D: 00600)								
Total Co	oliform (3100)							1 ro	utine (RT	) per quarter	
Sam	pling Point (Sampling Point ID)			Monitorin	g Perio	od Col	lection	Period	Comp	oliance Status	
Selec	ct from Inventory of Active Samp	,	10/1/18 - :	12/31/	18			(	Complete		
				1/1/19 - 3	3/31/1	9			(	Complete	
				4/1/19 - 6	5/30/1	9					
				7/1/19 - 9	9/30/1	9					
Physical	Parameters (PPS)							1 ro	utine (RT	) per quarter	
Sam	Sampling Point (Sampling Point ID)				g Perio	od Col	lection		<del>-</del>	oliance Status	
Seled	Select from Inventory of Active Sampling Points			10/1/18 - 12/31/18					(	Complete	
				1/1/19 - 3	3/31/1	9			(	Complete	
				4/1/19 - 6	5/30/1	9					
				7/1/19 - 9	9/30/1	9					
Water Sy	stem Facility: ENTRY POINT	Γ (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)							1	routine	(RT) per year	
Sam	pling Point (Sampling Point ID)			Monitorin	g Perio	od Col	<b>Collection Period</b>			<b>Compliance Status</b>	
ENTE	RY POINT (3)			1/1/18 - 1	2/31/1	18			(	Complete	
				1/1/19 - 1	2/31/1	19					
				1/1/20 - 1	2/31/2	20					
	Wate	r System Facili	ty and Sar	npling	Point	t Inven	tory				
Water						Tot	al Le	ad and	ı		
System	Water System Facility	Sampling Point		nt		Colife	orm C	opper		Stage	
Facility ID	)	ID	Description		Sta	tus Ru	le R	ule Tiei	r Asbesto	s WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	Y Y					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	A	A					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α	4					
00700	ENTRY POINT	3	ENTRY POINT		Δ	<b>A</b>					
22839	THE WHITE HOUSE WELL	2	THE WHITE H	OUSE	Δ	Α					
		Con	tact Inforr	mation							
Name		0	ganization						Job Title	2	
Mr. Gary	M. Venancio		O.R. Managem	ent, LLC			Manag	ger			
	ddress Line One	Mailing Addres					City		State	Zip Code	
	t Pembroke Road					Danbury			СТ	06811	
		<u> </u>	I			<del>                                     </del>					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Emergency Phone Email Address

venanciogary@gmail.com

Mobile Phone

**Business Phone** 

203-482-5877

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Traiter Quality 1101110	0. 0011	TP TI CITTO C	901100101			
PWS ID	/S ID PWS Name				Population	Owner Type	Primary Source
CT0189323	THE WHITE HOUSE	NC	25	Р	GW		
Local Address (v	Local Address (where applicable)			ntial Commerci	al Industri	al Combine	ed Agricultural
499 FEDERAL RC	Connections	1					

Towns Served: BROOKFIELD

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public H	lealth	Dr	inki	ng W	ater	Se	ction	
	Water (	Quality Monit	oring an	d Com	ıpl	ianc	e Sch	edul	e		
PWS ID	PWS Name				Clas	sificati	on Pop	ulation	Owr	ner Type P	rimary Source
CT0180144	BROOKFIELD LIBRARY					NC		25		L	GW
Local Address	(where applicable)		Service	Residen	tial	Comm	ercial I	ndustria	al	Combined	Agricultura
182 WHISCON	IER ROAD (ROUTE 25)		Connections			1					
Towns Served:	BROOKFIELD										
		Monito	oring Requ	iireme	nts						
Water Syster	n Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)								
<b>Total Colifor</b>	rm (3100)							1	rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID	)		Monitori	ng P	eriod	Collec	tion Per	riod	Compli	iance Status
Select fro	m Inventory of Active San	npling Points		10/1/18 -	12/3	31/18				Co	mplete
				1/1/19 -	3/31	1/19				Co	mplete
				4/1/19 -	6/30	0/19					
				7/1/19 -	9/30	0/19					
Physical Par	ameters (PPS)							1	rou	tine (RT)	per quarter
Sampling	Sampling Point (Sampling Point ID)			Monitori	ng P	eriod	Collec	tion Per	riod	Compli	iance Status
Select from Inventory of Active Sampling Points		npling Points		10/1/18 -		-					mplete
				1/1/19 -						Co	mplete
				4/1/19 -							
				7/1/19 -	9/30	0/19					
-	m Facility: ENTRY POIN	IT (WSF ID: 00700)									
	Nitrite (NOX)										RT) per year
	Point (Sampling Point ID	)		Monitori	_		Collec	tion Per	riod		iance Status
ENTRY PC	DINT (3)			1/1/18 -							mplete
				1/1/19 -						Co	mplete
				1/1/20 -	12/3	1/20					
		Other C	ompliance	Sched	lule	!S					
Compliance So	chedule Activity			ı	Due I	Date		Achie	ved I	Date	
CROSS CONNE	CTION EXEMPTION			3	3/1/2	2017					
	Wate	er System Facili	ty and Sar	npling	Poi	int In	vento	ry			
Water							Total	Lead	and		
•	ter System Facility	Sampling Point		nt			Coliforn				Stage
Facility ID		ID	Description			<u>Status</u>	Rule	Rule	Tier	Asbestos	WQP 2 DBPI
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	l	Α	Υ				
		DOWNSTREAM				Α					
		UPSTREAM	WITHIN 5 SEF	VICE CON	V	Α					
00700 ENT	TRV POINT	2	ENITRY DOINIT			Λ					

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20319	WELL	2	WELL	Α					

			(	Contact Inf	ormation					
Name				Organization	า	Job Title				
Mr. Ralph Tedesco				Town of Bro	okfield	Director of Public				
Mailing Address Line One Mailing Add				dress Line Two	ess Line Two			State	Zip Code	
100 Pocono Road			P O Box 51	06		Brookfie	ld	СТ	06804	
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Address				
203-775-7318		203-775-	1804		203-948-1468	rtedesco@brookfield.org				
Contact Role(s): A	dministrative	Contact				•				

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(	Connecticut Department of Public Health Drinking Water Section										
	Wat	ter Qua	lity M	onit	oring ai	nd Con	nplia	nce S	chedul	le	
PWS ID F	WS Name						Classif	ication	Population	Owner Type	Primary Source
CT0180144 E	BROOKFIELD LIBRARY NC 25 L								L	GW	
Local Address (where applicable) Service Residential								mmercia	al Industri	al Combine	ed Agricultural
182 WHISCONIER ROAD (ROUTE 25)  Connections  1											
Towns Served: BR	OOKFIELD					,				1	
Name				Or	ganization					Job Titl	e
Mr. William Tinsl	еу			Bro	ookfield				First Selec	ctman	
Mailing Address L	ine One		Mailing	Address	Line Two				City	State	Zip Code
100 Pocono Road			P.O. Box	5106				Brookfi	eld	СТ	06804-5106
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	y Phone	Email A	ddress		
203-775-7300		203-775-	5316					btinsle	/@brookfie	ldct.gov	
Contact Role(s):	Legal Contact		<u>'</u>					1			

### Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	partmen	t of Public	c Heal	th D	rinki	ng W	ater S	ection	
	•		onitoring a							
PWS ID	PWS Name				Cl	lassificati	on Popu	ulation O	wner Type Pri	mary Source
CT0180164	TOWN OF BROOKFIELD -	CADIGAN PA	RK			NC	:	25	L	GW
Local Address	(where applicable)		Service	Resi	dentia	I Comm	ercial I	ndustrial	Combined	Agricultural
465 CANDLEW	OOD LAKE RD		Connecti	ons		1				
Towns Served:	BROOKFIELD		1							
		M	onitoring Re	equirer	nent	ts				
Water Syster	n Facility: <b>DISTRIBUTION</b>	SYSTEM (	NSF ID: 00600)							
<b>Total Colifor</b>	m (3100)							1 rc	outine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Moni	toring	Period	Collect	tion Perio	d Complia	ince Status
Select fro	m Inventory of Active Sampl	ing Points		4/1/	19 - 6/	/30/19				
				7/1/	19 - 9/	/30/19				
Physical Para	ameters (PPS)							1 rc	outine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Moni	toring	Period	Collect	tion Perio	d Complia	ınce Status
Select fro	m Inventory of Active Sampl	ing Points		4/1/	19 - 6/	/30/19				
				7/1/	19 - 9/	/30/19				
Water Syster	n Facility: ENTRY POINT	(WSF ID: 00	700)							
Nitrate And	Nitrite (NOX)								1 routine (R	「) per year
Sampling	Point (Sampling Point ID)			Moni	toring	Period	Collect	tion Perio	d Complia	ınce Status
ENTRY PC	DINT (3)			1/1/1	8 - 12	/31/18			Cor	nplete
				1/1/1	9 - 12	/31/19				
				1/1/2	20 - 12	/31/20				
		Oth	er Compliar	nce Sch	edu	les				
Compliance Sc	hedule Activity				Du	e Date		Achieve	d Date	
RESPOND TO S	SANITARY SURVEY				6/4	4/2017				
SEASONAL STA	ART UP COMPLETION				4/2	1/2019				
		Public	Notificatio	n Requ	iren	nents				
			Compliance	No	tice	Publi	c Notific	ation	PN Certi	<u>fication</u>
Violation/Situ	ation		Period	T	ier	Requir	ed Pe	rformed	Due to DPH	Received
Total Coliform	M&R Violation		10/1/04 - 12/31	./04	2	6/16/20	005		6/26/2005	
Physical Param	neters M&R Violation		10/1/04 - 12/31	./04	3	5/17/20	006		5/27/2006	
	Water	System F	acility and	Sampli	ng P	oint In	vento	ry		
Water							Total	Lead an	d	
System Wa	ter System Facility	Sampling	Point Sampling	Point			Coliform	Coppe	•	Stage
Facility ID		ID	Description	on		Status	Rule	Rule Tie	er Asbestos I	NQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBU	TION SYST	ГЕМ	Α	Υ			
		DOWNST	REAM WITHIN 5	SERVICE	CON	Α				
		UPSTRE	AM WITHIN 5	SERVICE	CON	Α				
00700 ENT	TRY POINT	3	ENTRY PC	DINT		Α				
20321 WE	LL	2	WELL			Α				
			Contact Inf	ormati	on					
Name			Organization						Job Title	
			0							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mailing Address Line Two

Mobile Phone

P.O. Box 5106

Fax

203-740-7677

Brookfield Health Department

Director of Health

State

CT

City

rsullivan@brookfieldct.gov

Brookfield

Emergency Phone Email Address

Zip Code

06804

Dr. Raymond Sullivan

100 Pocono Road

Business Phone

203-775-7315

Mailing Address Line One

Extension

C	Connectic	ıt Depa	rtmer	nt of	Public	Health	Dri	nking	Water	Section	
	Wat	er Qua	lity M	onit	oring ar	nd Con	nplia	nce S	chedul	e	
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Source
CT0180164 T	OWN OF BROO	KFIELD - CA	DIGAN PA	RK			N	IC	25	L	GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmercia	al Industria	al Combine	ed Agricultural
465 CANDLEWOO	465 CANDLEWOOD LAKE RD Connections 1										
Towns Served: BR	OOKFIELD						'				
Contact Role(s):	Legal Contact										
Name				Or	ganization					Job Titl	e
Mr. Dennis Dipint	ю			To	wn of Brook	field Parks	& Rec		Director		
Mailing Address Li	ine One		Mailing A	ddress	Line Two				City	State	Zip Code
P.O. Box 5106			162 Whis	conier	Rd			Brookfi	eld	СТ	06804
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	y Phone	Email A	ddress		
203-775-7310		203-775-	5244			203-460	-4273	ddipint	o@brookfie	ldct.gov	
Contact Role(s):	Administrative (	Contact									

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

	Connecticut Department Water Quality Mo				_			ection	
PWS ID	PWS Name		_				vner Type	Primary Source	
CT0180204	CANDLEWOOD INN				NC	75		Р	GW
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industr	ial	Combine	ed Agricultura
506 CANDLEW	VOOD LAKE ROAD	Connections			1				

Towns Served: BROOKFIELD

TOWIS SELVED. BROOKI ILLD			
Monitoring Re	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		BS	BAR SINK	Α	Υ	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		KSDISHWASH	KIT SNK DISH WASH	Α	Υ	Υ					
		KSHS	KIT HAND SNK	Α	Υ	Υ					
		KSS	KIT SNK SINGLE	Α	Υ	Υ					
		KSTS	KIT SNK TRPL SNK	Α	Υ	Υ					
		RRLRL	RR LADY ROOM L	Α	Υ	Υ					
		RRLRM	RR LADY ROOM M	Α	Υ	Υ					
		RRLRR	RR LADY ROOM R	Α	Υ	Υ					
		RRMRL	RR MENS RR L	Α	Υ	Υ					
		RRMRR	RR MENS RR R	Α	Υ	Υ					
		SS	SERVERS STATION	Α	Υ	Υ					
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
20324	WELL	2	WELL	Α							
54125	WX350 STORAGE TANKS										

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule										
PWS ID	WS ID PWS Name					Population	Owner Type	Primary Source			
CT0180204	CANDLEWOOD INN				NC	75	Р	GW			
Local Address (w	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural				
506 CANDLEWO	Connections			1							

Connecticut Department of Public Health Drinking Water Section

									1			
Towns Served: BRO	OKFIELD											
		Water S	ystem F	aci	ility and S	Sampling Poin	ıt In	vento	ry			
Water System Water S Facility ID	ystem Facility		Sampling ID	Poin	nt Sampling Description		atus	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR	
54127 CANDLE SYSTEM	WOOD INN TR	EATMENT										
				Со	ntact Info	ormation						
Name					Organization					Job Title		
Mr. Simon T. Curtis	•							Cfo				
Mailing Address Lin	e One		Mailing Address Line Two City State						State	Zip Code		
506 Candlewood La	ke Rd						Bro	okfield		СТ	06804	
Business Phone	Extension	Fax		Мо	bile Phone	Emergency Phone	e Ema	ail Addre	SS			
203-775-4442		203-775-	4623			203-770-3762	sc@	westnav	.com			
Contact Role(s): A	dministrative	Contact										
Name					Organization					Job Title		
Lake View Properti	es LLC											
Mailing Address Lin	e One		Mailing A	ddre	ess Line Two			С	ity	State	Zip Code	
506 Candlewood La	ke Rd						Bro	okfield		СТ	06804	
Business Phone	Extension	Fax		Mo	bile Phone	Emergency Phone	e Ema	ail Addre	SS			
1		l .				1	1					

Contact Role(s): Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

 ${\it If you have any questions, please contact the Drinking Water Section \ at \ (860) \ 509-7333.}$ 

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D Water (	epartment of Quality Monit							ection		
PWS ID	PWS Name	quality 1.10111t	oring and					_	ner Type	Primary	/ Source
CT018026		<u> </u>		Cic	NC		25	. 0 **	P	G'	
	lress (where applicable)		Service	Residential		nmercial	Industi	rial	Combine	_	cultural
	ERAL ROAD		Connections	residential	0011	1	maasti	iui	Combine	u 7.811	
	rved: BROOKFIELD					-					
		Monito	oring Requ	irement	S						
Water Sy	stem Facility: <b>DISTRIBUTI</b>	ON SYSTEM (WSF II	D: 00600)								
Total Co	oliform (3100)							1 roı	utine (RT)	per q	uarter
	pling Point (Sampling Point ID	))		Monitoring I	Perio	d Coll	ection P			liance S	
Seled	ct from Inventory of Active Sar	npling Points	-	10/1/18 - 12	/31/1	8			C	omplet	:e
	·			1/1/19 - 3/3						omplet	
				4/1/19 - 6/3	30/19						
				7/1/19 - 9/3	30/19						
Physical	Parameters (PPS)							1 rou	utine (RT)	per q	uarter
_	pling Point (Sampling Point ID	)		Monitoring I	Perio	d Coll	ection P			liance S	
Seled	ct from Inventory of Active Sar	npling Points	-	10/1/18 - 12	/31/1	8			С	omplet	:e
				1/1/19 - 3/3	31/19				C	omplet	.e
				4/1/19 - 6/3	30/19	1					
				7/1/19 - 9/3	30/19	1					
Water Sy	stem Facility: ENTRY POIN	NT (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)							1	routine (	RT) pe	r year
Sam	pling Point (Sampling Point ID	<b>)</b>		Monitoring I	Perio	d Coll	ection P	eriod	Comp	liance S	Status
ENTF	RY POINT (3)			1/1/18 - 12/	31/18	3			C	omplet	.е
				1/1/19 - 12/	31/19	9					
				1/1/20 - 12/	31/20	)					
	Wat	er System Facili	ty and Sar	npling Po	oint	Invent	ory				
Water						Tota	l Lead	d and			
System	Water System Facility	Sampling Point		nt		Colifo	-	oper			Stage
Facility ID		ID	Description		Stati		e Rul	e Tier	Asbesto	s WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ					
		DOWNSTREAM			Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT		Α						
20329	WELL	2	WELL		Α						
		Con	tact Inforr	nation							
Name		Oı	ganization						Job Title		
Mr. Thom	nas Taylor	M	odern Investm	ent Prop.LLC	2.		Member	-			
Mailing A	ddress Line One	Mailing Address	s Line Two				City		State	Zip (	Code
P.O. Box 5	5242				ı	Brookfiel	d		СТ	068	304

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Emergency Phone Email Address

ttaylor@cbury.org

860-350-0642

Mobile Phone

**Business Phone** 

203-775-5000

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

203-775-7199

Connecticut Department of Public Health Drinking Water Section	ion
Water Quality Monitoring and Compliance Schedule	

	Water Quarty From	or mig am	a don	TP.	idiioo t	onean		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0180264	COSMOS ENTERPRISES				NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
1106 FEDERAL	ROAD	Connections			1			

## Towns Served: BROOKFIELD Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0180344	FOX HILL INN				NC	85	Р	GW
Local Address (w	here applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
257 FEDERAL RC	AD	Connections			1			

Towns Served: BROOKFIELD			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
· · · ·	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Nitrate And Nitrite (NOX)			outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

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	Connecticut Department of Water Quality Monito				_				
PWS ID	PWS Name		Classification		Population	n Ov	wner Type	Primary Source	
CT0180344	FOX HILL INN			NC		85		Р	GW
Local Address (	where applicable)	Service	Residen	tial	Commerci	al Indust	rial	Combine	d Agricultural
257 FEDERAL R			1						

CT0180344 FOX H	ILL INN					NC		85	Р	GW	
Local Address (where a	pplicable)			Service	Residentia	al Com	mercial	ndustrial	Combined	Agricultura	
257 FEDERAL ROAD				Connection	ns		1				
Towns Served: BROOKF	IELD						,				
			Monit	oring Red	quirement	ts					
Water System Facility	: ENTRY	POINT (WSF	ID: 00700)								
Nitrate And Nitrite	(NOX)							1	routine (F	RT) per year	
Sampling Point (So	ampling Po	oint ID)			Monitoring	, Period	Collec	tion Period	Compli	iance Status	
ENTRY POINT (3)					1/1/18 - 12	2/31/18			Cc	mplete	
	,	Water Systo	em Facil	ity and S	ampling P	oint I	nvento	ry			
Water		-					Total	Lead and	1		
System Water Syste	m Facility	Sam	pling Point	Sampling P	Point		Coliforn	Copper		Stage	
Facility ID			ID	Description	)	Statu	s Rule	Rule Tier	Asbestos	WQP 2 DBPI	
00600 DISTRIBUTIO	N SYSTEM		4	DISTRIBUTI	ON SYSTEM	Α	Υ				
		В	SFL2TRIP	BAR SNK 21	ND FL TRPLE	Α	Υ		Υ		
			BSTS	BAR SINK T	RIPLE	Α	Υ		Υ		
		DOV	VNSTREAM	WITHIN 5 S	ERVICE CON	Α					
			KSMF	KIT SNK MA	Α	Υ		Υ			
			MFDWSNK	KIT SNK MN	Α	Υ	Υ				
		k	SMFSS1	KIT SK MN	FL SING 1	Α	Υ		Υ		
		k	SMFSS2	KIT SK MN	FL SING 2	Α	Υ		Υ		
		ı	RRBSMT	RR BASEME	ENT	Α	Υ		Υ		
			RRLRF2	RR LADY RI	√l 2F	Α	Υ		Υ		
		ſ	RRLRF2L	RR LADY RI	√l 2F L	Α	Υ		Υ		
		F	RLRMFL	RR LADY RI	И MN FLR L	Α	Υ		Υ		
		R	RLRMFR	RR LADY RI	M MN FLR R	Α	Υ		Υ		
			RRMR2	RR MENS R	M 2F	Α	Υ		Υ		
		R	RMRMFL	RR MEN RN	л MAIN FLR L	Α	Υ		Υ		
		R	RMRMFR	RR MEN RN	л MAIN FLR R	Α	Υ		Υ		
			SERVSTA	SERVERS ST	ГАТ	Α	Υ		Υ		
			PSTREAM		ERVICE CON	Α					
00700 ENTRY POIN	Т		3	ENTRY POI	NT	Α					
20335 WELL			2	WELL		Α					
			Con	tact Info	rmation						
Name			0	rganization					Job Title		
Mr. Simon T. Curtis							Cf	0			
Mailing Address Line One Mailing Address			ss Line Two			(	City	State	Zip Code		
506 Candlewood Lake F	₹d					Brookfield CT 06804					
Business Phone Ex	ktension	Fax	Mobi	ile Phone	Emergency P	hone E	mail Addr	ess			
203-775-4442 203-775-4623			1		203-770-37	762 sc	@westna	v.com			
										=	

Contact Role(s): Administrative Contact

	Connecticu	it Depa	rtment o	of Public	Health	Dri	nking	water	Se	ction	
	Wat	er Qua	lity Moni	itoring a	and Con	nplia	ince S	chedul	e		
PWS ID	PWS Name					Classif	fication	Population	Own	er Type	<b>Primary Source</b>
CT0180344	FOX HILL INN				NC	85		Р	GW		
ocal Address (w	here applicable)			Service	Resider	ntial Co	ommercia	al Industri	al	Combine	d Agricultural
257 FEDERAL RO	AD	Connectio	ons		1						
Towns Served: B	ROOKFIELD			·	·			·			
Name				Organization	rganization					Job Title	•
Blue Ridge LLC											
Mailing Address	Line One		Mailing Addre	ess Line Two				City		State	Zip Code
257 Federal Rd							Brookfi	eld		CT	06804
Business Phone	e Extension	Fax	Mo	bile Phone	Emergence	y Phone	Email A	ddress			
Contact Polo/cl	Logal Contact O	wnor	·								

Contact Role(s): Legal Contact, Owner

#### Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Depar	rtmen	t of Public H	<b>lealth</b>	Di	rinking	g Water	Section	n	
	Water Oual	itv Mo	onitoring an	d Con	ıbl	iance S	Schedul	e		
PWS ID	PWS Name	- J	8 -		_		Population		e Primary S	ource
CT0180364	18 OLD ROUTE 7					NC	25	P	GW	
Local Address (v	where applicable)		Service	Residen	itial	Commerci	ial Industri	al Combi	ned Agricu	ultural
18 OLD ROUTE			Connections			1				
Towns Served: E	BROOKFIELD					J		1	· · · · · · · · · · · · · · · · · · ·	
		М	onitoring Requ	uireme	nts	;				
Water System	Facility: DISTRIBUTION SY	STEM (\	WSF ID: 00600)							
<b>Total Coliforn</b>	n (3100)						1	routine (F	RT) per qua	arter
Sampling F	Point (Sampling Point ID)			Monitori	ing P	Period C	Collection Pe	riod Coi	npliance St	atus
Select from	n Inventory of Active Sampling	Points		10/1/18 -	- 12/	31/18			Complete	
				1/1/19 -	3/3	1/19			Complete	
				4/1/19 -	- 6/3	0/19				
				7/1/19 -	- 9/3	0/19				
Physical Para							1	-	RT) per qua	
	Point (Sampling Point ID)		Monitori			Collection Pe	riod Coi	npliance St	atus	
Select from	n Inventory of Active Sampling		10/1/18 -			Complete				
				1/1/19 -					Complete	
				4/1/19 -						
				7/1/19 -	- 9/3	0/19				
-	Facility: ENTRY POINT (W	/SF ID: 00	)700)							
Nitrate And N	-				_				e (RT) per	•
	Point (Sampling Point ID)			Monitori			Collection Pe	riod Coi	npliance St	atus
ENTRY POI	NT (3)			1/1/18 -			Complete			
				1/1/19 -						
				1/1/20 -						
		Oth	er Compliance	Sched	lule	es				
Compliance Sch	edule Activity				Due	Date	Achie	ved Date		
RESPOND TO SA	ANITARY SURVEY			5	5/30,	/2012				
RESPOND TO SA	ANITARY SURVEY			5	5/10,	/2017				
		Public	Notification R	Require	eme	ents				
			Compliance	Notice	?	<u>Public N</u>	<u>otification</u>	<u>PN</u>	<u>Certificatio</u>	<u>n</u>
Violation/Situa	tion		Period	Tier		Required	Performe			ived
E. Coli			7/1/16 - 9/30/16	3		3/20/2018		3/30/20	018	
	Water Sy	stem F	acility and Sai	mpling	Po	int Inve	ntory			
Water							otal Lead			
-	er System Facility S		Point Sampling Poi	ınt			iform Cop			Stage
Facility ID	DIDLITION CYCTEM	ID	Description	NI CVCTT:		Jiuius		iier Asbes	tos WQP 2	DRLK
00600 DISTI	RIBUTION SYSTEM	4	DISTRIBUTIO			A	Y			
		BARBR SH	AMP BARBER SHAI	VIPOO SN	IK	Α	Υ	Υ		

DOWNSTREAM WITHIN 5 SERVICE CON Α DSSWEETREW DS SWEET REWARDS Υ HAIRSHAMPOO HAIR SALON SHAMP SNK Α Υ Υ HSBSWEETREW HSB SWEET REWARDS HSFSWEETREW HSF SWEET REWARDS Α Υ Υ RR SWEET RE RR SWEET REWARDS Υ Α Υ RRBARBER RR BARBER SHOP Α Υ

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0180364	18 OLD ROUTE 7				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial C	Commercia	al Industri	al Combine	ed Agricultural
18 OLD ROUTE	7	Connections			1			

Towns Served: BROOKFIELD

	Water	System Facili	ity and Sampling Po	oint Ir	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
		RRHS	RR HAIR SALON	Α	Υ		Υ		
		SSSWEETREWA	SINGSNK SWEET REWARD	Α	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20337	WELL	2	WELL	Α					
54117	WX350 STORAGE TANKS								
54119	18 OLD ROUTE 7 TREATMENT								
	SYSTEM								

				Contact Inf	formation					
Name				Organization	า	Job Title				
Mr. Michael Dimyan				18 Old Rout	18 Old Route 7			Owner Vice President		
Mailing Address Line One Mailing Add			ddress Line Two	1		City	State	Zip Code		
P.O. Box 5242						Brookfie	eld	СТ	06804	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress			
203-775-5000 13 203-775-7199 20			203-948-2891		www.to	wercorp.cor	m			
			7199		Emergency Phone			m		

Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source CT0180374 GOLDEN LEAF CHINESE RESTAURANT NC 25 P GW Local Address (where applicable) Service Connections Connections 1 Industrial Combined Agricultural Towns Served: BROOKFIELD

Local Add	lress (where applicable)		Service	Residential	Comm	ercial	Industrial	Combined	Agricultura
1024 FED	ERAL ROAD		Connections		1				
Towns Se	rved: BROOKFIELD				'				
		Monito	oring Requ	irement	S				
Water Sy	stem Facility: <b>DISTRIBUTIO</b>	ON SYSTEM (WSF I	D: 00600)						
Total Co	oliform (3100)						1 ro	utine (RT)	per quarter
Sam	pling Point (Sampling Point ID)	)		Monitoring I	Period	Collec	tion Period	l Compli	iance Status
Sele	ct from Inventory of Active Sam	pling Points		10/1/18 - 12,	/31/18			Со	mplete
				1/1/19 - 3/3	31/19			Co	mplete
				4/1/19 - 6/3	30/19				
				7/1/19 - 9/3	30/19				
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter
Sam	pling Point (Sampling Point ID)	)		Monitoring I	Period	Collec	tion Period	l Compli	iance Status
Seled	ct from Inventory of Active Sam	pling Points		10/1/18 - 12	/31/18			Co	mplete
				1/1/19 - 3/3	31/19			Co	mplete
				4/1/19 - 6/3	30/19				-
				7/1/19 - 9/3	30/19				
Water Sy	stem Facility: ENTRY POIN	IT (WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)						1	routine (R	RT) per year
Sam	pling Point (Sampling Point ID)	)		Monitoring I	Period	Collec	tion Period	l Compli	iance Status
ENT	RY POINT (3)			1/1/18 - 12/	31/18			Co	mplete
				1/1/19 - 12/	31/19				
				1/1/20 - 12/	31/20				
	Wate	er System Facili	ity and Sar	mpling Po	oint In	vento	ory		
Water			-			Total	Lead and	1	
System	Water System Facility	Sampling Point		nt		Coliforn	n Copper		Stage
Facility IE		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ			
		BS	BAR SINK		Α	Υ		Υ	
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	Α				
		KSD	KIT SNK DOU	BLE	Α	Υ		Υ	
		KSHS	KIT HAND SN	K	Α	Υ		Υ	
		KSS	KIT SNK SING	LE	Α	Υ		Υ	
		RRLR	RR LADY ROO	M	Α	Υ		Υ	
		RRMR	RR MENS RR		Α	Υ		Υ	
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
20338	WELL	2	WELL		Α				
		Con	tact Infori	mation					
Name			rganization					Job Title	
Mr. Kwok	ς Lun Lee		Jan200.011			0	wner	110	
_	ddress Line One	Mailing Addres	s Line Two				City	State	Zip Code
1024 Fed		maning / taul Co.	5 -111C 1 WO		Bro	ookfield	,	CT	06804
1027 I CU	Crai Roda				ы	JUNITER		CI	00004

202\_775\_4507 202\_775\_4508 the goldenless and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Emergency Phone Email Address

Page 20

Mobile Phone

Schedule Generation Date: 4/11/2019

Fax

**Business Phone** 

Extension

	Connectict	it Depai tille	file of I ublic I	Cartii	ע)	אווואווון ו	3 vvaler	Section	
	Wat	er Quality M	Monitoring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	<b>Primary Source</b>
CT0180374	GOLDEN LEAF CH	INESE RESTAURAN	Т			NC	25	Р	GW
Local Address	(where applicable)		Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
1024 FEDERAL	ROAD		Connections			1			
Towns Served									
203-773-43	31	203-773-4330				tile_gc	<del>nuemear@y</del>	anoo.com	
Contact Dolo/s	Administrative C	Contact Local Cont	act Owner						

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public H	lealth	Di	rinking	Water	· Se	ection	
	Water Quality Mon				_				
PWS ID	PWS Name			Cla	ssification	Population	Ow	ner Type F	Primary Source
CT0180414	HI-WAY MARKET				NC	25		Р	GW
Local Address (\	where applicable)	Service	Residen	tial	Commerci	ial Industr	ial	Combined	l Agricultura
616 FEDERAL RO	OAD	Connections			1				
Towns Served: I	BROOKFIELD								
	Mor	nitoring Requ	uireme	nts	•				
Water System	Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)							
Total Coliforn	n (3100)						1 rou	utine (RT)	per quarter
Sampling I	Point (Sampling Point ID)		Monitori	ing F	Period C	Collection Pe	eriod	Compl	liance Status
Select fron	n Inventory of Active Sampling Points		10/1/18 -	12/	31/18			Co	omplete
			1/1/19 -	3/3	1/19			Co	omplete
			4/1/19 -	6/3	0/19				
			7/1/19 -	9/3	0/19				
<b>Physical Para</b>	meters (PPS)						1 roı	utine (RT)	per quarter
Sampling I	Point (Sampling Point ID)		Monitori	ing F	Period C	Collection Pe	eriod	Compl	liance Status
Select fron	n Inventory of Active Sampling Points		10/1/18 -	12/	31/18			Co	omplete
			1/1/19 -	3/3	1/19			Co	omplete
			4/1/19 -	6/3	0/19				
			7/1/19 -	9/3	0/19				
Water System	Facility: ENTRY POINT (WSF ID: 007	00)							
Nitrate And N	litrite (NOX)						1	routine (I	RT) per year
Sampling I	Point (Sampling Point ID)		Monitori	ing F	Period C	Collection Pe	eriod	Compl	liance Status
FNTRV D∩I	NT (3)		1/1/12 -	12/	21/10				nmnlete

Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other	Compliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
RESPOND TO SANITARY SURVEY	5/30/2012		

	<b>Public Notification R</b>	equiren	nents			
	Compliance	Notice	Public No	<u>otification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	3/2/2018		3/12/2018	
E. Coli	7/1/16 - 9/30/16	3	3/2/2018		3/12/2018	

	Wa	iter System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		KSHS	KIT HAND SNK	Α	Υ		Υ		
		KSTS	KIT SNK TRPL SNK	Α	Υ		Υ		
		RR	RR GENERIC RR	Α	Υ		Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20341	WELL	2	WELL	Α					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	.e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0180414	HI-WAY MARKET				NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
616 FEDERAL RC	)AD			1				

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation				
Name				Organization				Job Title	
Ms. Lynn Pisano				Hi-Way Mark	cet				
Mailing Address Line	e One		Mailing	Address Line Two			City	State	Zip Code
457 North Main Stre	eet, Suite 3A					Danbury		СТ	06811
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress	-	
203-790-8083		203-830-4	1372						
Contact Role(s): Ac	dministrative (	Contact							
Name				Organization				Job Title	
616 Federal Rd LLC									
Mailing Address Line	e One		Mailing	Address Line Two			City	State	Zip Code
2 Ives Street						Danbury		СТ	06810
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
Contact Role(s): Le	gal Contact, C	wner	I						

### Please note the following:

Towns Served: BROOKFIELD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0180454	ALL-STAR TRANSPORTATION				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
25 OLD GRAYS E	RIDGE	Connections			1			

Towns Served: BROOKFIELD

TOWIS SELVED. BROOKFILLD			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 10/31/18		Complete
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Total Coliform (3100)			3 (TR) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

4/1/19 - 6/30/19

Co	onnectic	ut Departm	ent of Publi	c Health I	Orinki	ng Water :	Section	
		ter Quality						
PWS ID PW	/S Name	•		C	Classificati	on Population (	Owner Type P	rimary Source
CT0180454 AL	L-STAR TRANS	SPORTATION			NC	25	Р	GW
Local Address (whe	re applicable)		Service	Residentia	al Comm	ercial Industria	Combined	Agricultural
25 OLD GRAYS BRID			Connect	ions	1			
Towns Served: BRO	OKFIELD			l .				
			Monitoring R	equiremen	ts			
Water System Fac	cility: ENTR	Y POINT (WSF ID	: 00700)					
<b>Nitrate And Nitri</b>	te (NOX)					1	routine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)		Monitoring	g Period	Collection Peri	od Compl	iance Status
				7/1/19 - 9	/30/19			
Water System Fac	cility: WELL	(WSF ID: 20344)						
E. Coli (3014)							riggered (TG	•
Sampling Poin	t (Sampling P	oint ID)		Monitoring		Collection Peri		iance Status
WELL (2)				11/30/18 -	12/6/18		Co	omplete
		Pub	lic Notification	n Requiren	nents			
			Compliance	e Notice	<u>Publi</u>	c Notification	PN Cer	<u>tification</u>
Violation/Situation	1		Period	Tier	Requir	ed Performed	Due to DPH	Received
Distribution Color N	ACL Violation		7/1/06 - 9/30	/06 2	12/1/20	006	12/11/2006	j
REVISED TOTAL COL	IFORM RULE	(RTCR) TT Violation	11/4/18 - 1/14	1/19 2	1/18/20	1/16/2019	1/28/2019	1/16/2019
		Water System	n Facility and	Sampling P	oint In	ventory		
Water						Total Lead a	ınd	
•	ystem Facility		ng Point Sampling			Coliform Copp		Stage
Facility ID			ID Descript		Status		ier Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM			JTION SYSTEM	Α	Υ		
		DOWN	ISTREAM WITHIN!	5 SERVICE CON	Α			
		UPS	TREAM WITHIN!	5 SERVICE CON	Α			
00700 ENTRY P	OINT		3 ENTRY P	OINT	Α			
20344 WELL			2 WELL		Α			
			Contact In	formation				
Name			Organizatio	n			Job Title	
Ms. Debra Jones			All-Star Trai	nsportation		Contract N	lanager	
Mailing Address Lin	e One	Mailin	g Address Line Two	)		City	State	Zip Code
25 Old Grays Bridge					Bro	okfield	СТ	06804
Business Phone	Extension	Fax	Mobile Phone	Emergency P	hone Em	ail Address		
203-775-1545					DEI	BRA.JONES@ALL-	-STARTRANSP	ORTATION.CO
Contact Role(s): A	dministrative	Contact						
Name			Organizatio	n			Job Title	
Ms. Leslie Sheldon			All-Star Trai	nsportation		Corp Ops N	⁄Ingr	
Mailing Address Lin	e One	Mailin	g Address Line Two	)		City	State	Zip Code
146 Huntingdonave						terbury	СТ	06708
Business Phone		Fax	Mobile Phone	Emergency P	hono Em	ail Address		
203-573-0555	Extension	ГФХ	Mobile Phone	Lineigency F		all Address  @ALL-STARTRAN		

Contact Role(s): Legal Contact

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				- P	9 0 1 1 0 0 1 0 1		
PWS ID	PWS Name			Classification	Population	Owner Type	<b>Primary Source</b>
CT0180454	ALL-STAR TRANSPORTATION				25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
25 OLD GRAYS BRIDGE		Connections		1			
T	DDOOKELELD						

Towns Served: BROOKFIELD

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0180464	LAUREL HILL COMPLEX				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
940 FEDERAL RO	)AD	Connections			1			

Towns Served: BROOKFIELD

Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
Select from Inventory of Active Sampling Points	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
			·

Public Notification Requirements										
Compliance Notice <u>Public Notification</u>						<u>ification</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	12/31/16 - 6/8/18	2	7/22/2017		8/1/2017					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	12/2/16 - 6/8/18	2	7/22/2017		8/1/2017					
F. Coli M&R Violation	10/19/16 - 10/24/16	3	4/17/2018		4/27/2018					

1/1/20 - 12/31/20

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	n Population	Owner Type	Primary Source
CT0180464	LAUREL HILL COMPLEX			NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial Comme	rcial Industi	rial Combin	ed Agricultural
940 FEDERAL R	OAD	Connections		1			

Towns Served: BROOKFIELD

Public Notification Requirements									
	Compliance	Notice	Public No	<u>tification</u>	PN Certij	<u>fication</u>			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
REVISED TOTAL COLIFORM RULE (RTCR)	11/13/17 - 6/8/18	3	5/3/2018		5/13/2018				
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	11/13/17 - 6/8/18	2	5/3/2018		5/13/2018				
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	9/9/17 - 6/8/18	2	5/3/2018		5/13/2018				
Physical Parameters M&R Violation	5/1/17 - 5/31/17	3	9/14/2018		9/24/2018				
Total Coliform M&R Violation	5/1/17 - 5/31/17	3	9/14/2018		9/24/2018				
Physical Parameters M&R Violation	8/1/17 - 8/31/17	3	12/26/2018		1/5/2019				
Total Coliform M&R Violation	8/1/17 - 8/31/17	3	12/26/2018		1/5/2019				
E. Coli M&R Violation	9/6/17 - 9/11/17	3	12/26/2018		1/5/2019				
E. Coli M&R Violation	9/6/17 - 9/11/17	3	12/26/2018		1/5/2019				
E. Coli M&R Violation	9/6/17 - 9/11/17	3	12/26/2018		1/5/2019				

	Water System Facility and Sampling Point Inventory									
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
20345	WELL	2	WELL	Α						

			Co	ontact Inf	ormation				
Name				Organization	1		Job Title		
Mr. Alan Weiner				Brook North	Investments, LLC		Member		
Mailing Address Line One Mailing Add			Mailing Addr	ess Line Two			City	State	Zip Code
458 Danbury Road,	Ste A-7					New Mil	ford	СТ	06776
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
			20	3-512-5957	203-512-5958	alan000	75@yahoo.co	m	

Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0180534	NEWBURY CONGREGATIONAL CHURCH				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
126 TOWER ROA	AD.	Connections			1			

Towns Served: BROOKFIELD

**ENTRY POINT (3)** 

Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)										
Total Coliform (3100)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18									
	1/1/19 - 3/31/19									
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Physical Parameters (PPS)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18									
	1/1/19 - 3/31/19									
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status							

### **Other Compliance Schedules**

1/1/18 - 12/31/18

1/1/19 - 12/31/19 1/1/20 - 12/31/20 Complete

 Compliance Schedule Activity
 Due Date
 Achieved Date

 RESPOND TO SANITARY SURVEY
 3/17/2019

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	7/1/18 - 9/30/18	3	12/27/2019		1/6/2020					
Total Coliform M&R Violation	7/1/18 - 7/31/18	3	12/27/2019		1/6/2020					
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	2/28/2020		3/9/2020					
Total Coliform M&R Violation	10/1/18 - 12/31/18		2/28/2020		3/9/2020					

	Wat	er System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System	Water System Facility	Samplina Point	Sampling Point		Total Coliform	Lead and Copper			Stage
Facility ID	, ,	ID	Description	Status	Dula		Asbestos	WQP	_
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20352	WELL	2	WELL	Α					
55653	ATMOSPHERIC STORAGE								
55655	PRESSURE STORAGE								

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name				Classificatio		Population	Owner Type	Primary Source				
CT0180534	NEWBURY CONGREGATIONAL CHURCH				NC	25	Р	GW				
Local Address (where applicable) Service R				ntial	Commercia	al Industri	al Combine	ed Agricultural				
126 TOWER ROA	Connections			1								

Connecticut Department of Public Health Drinking Water Section

			C	ontact Inf	ormation				
Name				Organization	1		Job Title		
Ms. Marjorie Carm	ody			Newbury Co	ngregational Church		Trustee		
Mailing Address Lin	e One		Mailing Add	ress Line Two		City		State	Zip Code
126 Tower Rd P.O	. 597					Brookfield CT			06804
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email A	ddress		
203-775-0392					203-775-2422				
Contact Role(s): A	dministrative	Contact	·						
Name				Organization	1			Job Title	
Newbury Congrega	tional Church								
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
126 Tower Road Po	O Box 597					Brookfie	eld	СТ	06804
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email A	ddress		
203-775-0392									
Contact Role(s): Le	egal Contact, C	)wner			•				

### Please note the following:

Towns Served: BROOKFIELD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

				1.1	-		<b>.</b>	¥ .	0	. •		
	Connecticut De Water Q	epartment of Juality Monit								ection		
PWS ID	PWS Name				_					ner Type P	rimary S	Source
CT018062	4 EXTRA SPACE STORAGE					NC		25		Р	GW	,
Local Add	ress (where applicable)		Service	Residen	itial	Comme	rcial	Industri	al	Combined	Agricu	ultura
578 FEDER	RAL ROAD		Connections			1						
Towns Ser	rved: BROOKFIELD						·					
		Monito	oring Requ	ireme	nts	;						
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)									
Total Co	liform (3100)							1	rou	utine (RT)	per qua	arter
	pling Point (Sampling Point ID)			Monitori	ing F	Period	Colle	ction Pe			iance St	
Selec	ct from Inventory of Active Sam	pling Points		10/1/18 -	- 12/	/31/18				Co	mplete	
				1/1/19 -	- 3/3	1/19				Co	mplete	
				4/1/19 -	- 6/3	0/19						
				7/1/19 -	- 9/3	0/19						
Physical	Parameters (PPS)							1	·rοι	utine (RT)	per qua	arter
	pling Point (Sampling Point ID)			Monitori	ing F	Period	Colle	ction Pe	riod	Compl	iance St	atus
Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18											mplete	
				1/1/19 -						Co	mplete	
				4/1/19 -		-						
		_		7/1/19 -	- 9/3	0/19						
•	stem Facility: ENTRY POIN	T (WSF ID: 00700)										
	And Nitrite (NOX)						- "			routine (F		-
	pling Point (Sampling Point ID)		Monitoring Period Collection Pe					riod				
ENTR	RY POINT (3)			1/1/18 -							mplete	
				1/1/19 -						Co	omplete	
	347.1			1/1/20 -	<u> </u>	•	•					
	Wate	er System Facili	ity and Sar	npling	Po	int in						
Water	Mator Custom Facility	Sampling Point	Camanlina Doi	-			Total	Lead				C4
System Facility ID	Water System Facility	ID	Description	111			Coliforn Rule			Asbestos		Stage DRP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	J SYSTEM		Status A	Y	naic	1101	7.55005		0011
00000	DISTRIBUTION STSTEM	DOWNSTREAM				Α	•					
		KSAPT	KIT SNK APAR			Α	Υ			Υ		
		RR	RR GENERIC F			Α	Y			Y		
		RRAPT	RR APARTME			Α	Υ			Υ		
		UPSTREAM	WITHIN 5 SER		N	Α						
00700	ENTRY POINT	3	ENTRY POINT			Α						
20360	WELL	2	WELL			A						
			tact Inform	nation	1							
Name			rganization							Job Title		
	Williams-Bethea		tra Space Stor	age			Si	te Mana	ager			
				<u> </u>			1		<u> </u>			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

City

fac0568@extraspace.com

Brookfield

Emergency Phone Email Address

203-556-9663

State

 $\mathsf{CT}$ 

Zip Code

06804

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact

Fax

578 Federal Road

**Business Phone** 

203-775-4823

C	lonnecticu	ut Depa	ırtment of	Public	Health	Drir	ıking	Water	Section	
	Wat	er Qua	lity Monit	oring ar	nd Con	nplia	nce S	chedul	le	
PWS ID P	WS Name					Classifi	ication	Population	Owner Type	Primary Sou
CT0180624 E	EXTRA SPACE STORAGE NC 25 P GW									
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmercia	al Industri	al Combine	ed Agricultu
578 FEDERAL ROAD Connections 1										
Towns Served: BR	OOKFIELD			"				1	1	1
Name			0	rganization					Job Titl	e
Mr. David Rasmus	ssen		St	orage Portfo	lio Ii Subsid	diar		Manager		
Mailing Address Li	ne One		Mailing Addres	s Line Two				City	State	Zip Code
Storage Portfolio I	i Subsidiary LLC		2795 E Cottony	vood Pkwy St	te 400		Salt Lak	ce City	UT	84121
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Phone	Email A	ddress		
301-984-2500										
Contact Role(s):	egal Contact		'				1			

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment o	f Public H	lealth D	rinkiı	ng V	Vater	Se	ction	
	Water (	Quality Moni	toring an	d Compl	liance	e Sc	hedul	e		
PWS ID	PWS Name			Cla	ssificatio	n Po	pulation	Owi	ner Type Pr	imary Source
CT0180644	ST. PAULS CHURCH				NC		25		Р	GW
Local Address	(where applicable)		Service	Residential	Comme	ercial	Industri	al	Combined	Agricultural
174 WHISCON	IER ROAD		Connections		1					
Towns Served:	BROOKFIELD									
		Monit	toring Requ	uirements	5					
Water Systen	n Facility: <b>DISTRIBUTI</b>	ON SYSTEM (WSF	ID: 00600)							
<b>Total Colifor</b>	m (3100)						1	rou	tine (RT) p	er quarter
Sampling	Point (Sampling Point ID)	)		<b>Monitoring F</b>	Period	Colle	ection Pe	riod	Complic	ınce Status
Select fro	m Inventory of Active Sam	pling Points		10/1/18 - 12/	/31/18				Cor	mplete
				1/1/19 - 3/3	31/19				Cor	mplete
				4/1/19 - 6/3	80/19					
				7/1/19 - 9/3	80/19					
_	ameters (PPS)	_								er quarter
	Point (Sampling Point ID)			Monitoring F		Colle	ection Pe	riod		ınce Status
Select fro	m Inventory of Active Sam	pling Points		10/1/18 - 12/					nplete	
				1/1/19 - 3/3				Cor	nplete	
-				4/1/19 - 6/3						
				7/1/19 - 9/3	80/19					
,	n Facility: ENTRY POIN	IT (WSF ID: 00700								-
	Nitrite (NOX)	_							_	Γ) per year
	Point (Sampling Point ID)	)		Monitoring F	Colle	ection Pe	riod		ince Status	
ENTRY PC	DINT (3)			1/1/18 - 12/3				Cor	nplete	
				1/1/19 - 12/3						
				1/1/20 - 12/3	31/20					
	n Facility: WELL (WSF	ID: 20362)								
E. Coli (3014	•	_								er quarter
	Point (Sampling Point ID)	)		Monitoring F		Colle	ection Pe	riod		ince Status
WELL (2)				10/1/18 - 12/						nplete
				1/1/19 - 3/3					Cor	nplete
				4/1/19 - 6/3						
				7/1/19 - 9/3						
	<u> </u>	er System Faci	lity (WSF) I	Level Mor	nitorin	ng Re	equire	me	nts	
,	n Facility: ENTRY POIN	•								
Analyte	_	Requirement (Sumn		Operati	_				Samples Re	q/Month
Chlorine	•	Chlorine Residual Mo	• .	•	m: 0.2 N	/IG/L			Dai	y
Start Date:	4/1/2008		•	ance History:		-	ating Lim		Monitor	_
				ring Period		Comp	oliance St	atus	Complia	nce Status:
				18 - 11/30/20						N
				18 - 12/31/20						N
				9 - 1/31/2019						N
			2/1/201	9 - 2/28/2019	9					N

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

3/1/2019 - 3/31/2019 4/1/2019 - 4/30/2019

### Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0180644	ST. PAULS CHURCH				NC	25	Р	GW
Local Address (\	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
174 WHISCONIE	R ROAD	Connections			1			

Towns Served: BROOKFIELD

### **Other Compliance Schedules**

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2018	

Public Notification Requirements									
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>									
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Physical Parameters M&R Violation	4/1/04 - 6/30/04	2	11/12/2004		11/22/2004				
Physical Parameters M&R Violation	1/1/04 - 3/31/04	2	11/12/2004		11/22/2004				
Total Coliform M&R Violation	4/1/04 - 6/30/04	2	11/12/2004		11/22/2004				
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	11/12/2004		11/22/2004				
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	1/20/2005		1/30/2005				
Nitrate And Nitrite M&R Violation	1/1/04 - 12/31/04	2	6/16/2005		6/26/2005				
Total Coliform M&R Violation	10/1/04 - 12/31/04	2	6/16/2005		6/26/2005				
Physical Parameters M&R Violation	7/1/04 - 9/30/04	3	12/21/2005		12/31/2005				
Physical Parameters M&R Violation	10/1/04 - 12/31/04	3	5/17/2006		5/27/2006				
Chlorine M&R Violation	7/1/15 - 7/31/15	3	9/16/2016		9/26/2016				
Physical Parameters M&R Violation	7/1/17 - 9/30/17	3	12/14/2018		12/24/2018				
Total Coliform M&R Violation	7/1/17 - 9/30/17	3	12/14/2018		12/24/2018				

### **Water System Facility and Sampling Point Inventory**

Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	? DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20362	WELL	2	WELL	Α					
53430	BLADDER TANK								
53432	CONTACT TANK								

53432 TREATMENT PLANT

53434

Name Organization Ioh Title										
	Name	Organizatio	Organization			Job Title				
	Mr. Bishop A. Smith		St. Pauls Epi	isc. Church		Bishop of Ct.				
	Mailing Address Line One	Mailing	Address Line Two	)		City	State	Zip Code		
	1335 Asylum Ave				Hartford	d	CT	06105		
	Dusiness Dhone Extension F		Mahila Dhana	Emarganay Dhana	Email A	ddracc				

**Business Phone** Extension Fax Mobile Phone Emergency Phone | Email Address 860-233-4481

Contact Role(s): Legal Contact, Owner

(	Connecticut Department of Public Health Drinking Water Section										
	Wat	er Qua	lity Monite	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID F	S ID PWS Name						ication	Population	Owner Type	Primar	y Source
CT0180644 S	T. PAULS CHURC			N	С	25	Р	G	iW		
Local Address (wh		Service	Resider	itial Co	mmerci	al Industri	al Combine	ed Agr	icultural		
174 WHISCONIER	ROAD			Connection	ns		1				
Towns Served: BR	OOKFIELD								1		
Name			Or	Organization				Job Title			
Mr. Doug Melody	,		St.	St. Pauls Church			Sexton				
Mailing Address L	ine One		Mailing Address	Line Two				City	State	Zip	Code
174 Whisconier R	oad						Brookfield		СТ	06	804
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Phone	Email A	Address			
203-775-9587			203-9	47-0849							
Contact Role(s):	Administrative C	ontact	1	'			1				

#### Contact Role(s): Administrative Contact

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Water Quality Monitoring and Compliance Schedule											
PWS ID		Cla	ssification	Population	Owner Type	Primary Source					
CT0180724	VALLEY PRESBYTERIAN CHURCH				NC	41	Р	GW			
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural			
21 WEST WHISCONIER ROAD		Connections			1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: BRO	OOKFIELD
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Requirements					
500)					
	1 routine (RT) per nine years				
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>			
1/1/11 - 12/31/13	1/1-12/31				
	1 rout	ine (RT) per quarter			
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>			
10/1/18 - 12/31/18		Complete			
1/1/19 - 3/31/19		Complete			
4/1/19 - 6/30/19					
7/1/19 - 9/30/19					
	1 rout	ine (RT) per quarter			
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>			
10/1/18 - 12/31/18		Complete			
1/1/19 - 3/31/19		Complete			
4/1/19 - 6/30/19					
7/1/19 - 9/30/19					
	1 routine (RT) per year				
<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status			
1/1/18 - 12/31/18		Complete			
1/1/19 - 12/31/19		Complete			
1/1/20 - 12/31/20					
	Monitoring Period  1/1/11 - 12/31/13  Monitoring Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  Monitoring Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  Monitoring Period  1/1/18 - 12/31/18  1/1/19 - 12/31/18	1 routine  Monitoring Period  1/1/11 - 12/31/13  1/1-12/31  1 routine  Monitoring Period  10/1/18 - 12/31/18  1/1/19 - 6/30/19  7/1/19 - 9/30/19  1 routine  Monitoring Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  1 routine  Collection Period  10/1/18 - 12/31/18  1/1/19 - 9/30/19  1 routine  Collection Period  1/1/18 - 12/31/18  1/1/19 - 12/31/18  1/1/19 - 12/31/19			

### **Other Compliance Schedules**

 Compliance Schedule Activity
 Due Date
 Achieved Date

 CROSS CONNECTION EXEMPTION
 3/1/2015

		- /	Water System Facility and Sampling Point Inventory											
				Total	Lead and									
later System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage						
	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP .	2 DBPR						
ISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ										
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α											
	UPSTREAM	WITHIN 5 SERVICE CON	Α											
	VP001	K DBL SINK	Р	Υ	1									
	VP002	K S SINK	Р	Υ	1									
	VP003	M RM SINK	Р	Υ	1									
	VP004	L RM SINK	Р	Υ	1									
	VP005	1ST FLR WF	Р	Υ	1									
	VP006	LWR LVL WF	Р	Υ	1									
	VP007	CLASS R RM	Р	Υ	1									
	VP008	R RM BY STORAGE RM	Р	Υ	1									
		ID  ISTRIBUTION SYSTEM  4  DOWNSTREAM  UPSTREAM  VP001  VP002  VP003  VP004  VP005  VP006  VP007	ID Description  ISTRIBUTION SYSTEM  4 DISTRIBUTION SYSTEM  DOWNSTREAM WITHIN 5 SERVICE CON  UPSTREAM WITHIN 5 SERVICE CON  VP001 K DBL SINK  VP002 K S SINK  VP003 M RM SINK  VP004 L RM SINK  VP004 L RM SINK  VP005 1ST FLR WF  VP006 LWR LVL WF  VP007 CLASS R RM	ID Description Status  A DISTRIBUTION SYSTEM A  DOWNSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  VP001 K DBL SINK P  VP002 K S SINK P  VP003 M RM SINK P  VP004 L RM SINK P  VP005 1ST FLR WF P  VP006 LWR LVL WF P  VP007 CLASS R RM P	D   Description   Status   Rule	ID   Description   Status   Rule   Rule Tier	ID   Description   Status   Rule   Rule Tier   Asbestos	ID   Description   Status   Rule   Rule Tier   Asbestos   WQP						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name					Classification Popula		Owner Type	Primary Sou	irce			
CT0180724	VALLEY PRESBYTERIAN CHURCH				NC	41	Р	GW				
Local Address (w	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultu	ıral				
21 WEST WHISC	Connections			1								

Water System Facility and Sampling Point Inventory

Connecticut Department of Public Health Drinking Water Section

		water 5	ysteili rat	ility allu 3	amping Pu	IIIC II	iveiit	UI Y		
Water System Water S Facility ID	ystem Facility	,	Sampling Poir ID	nt Sampling Descriptio		Status	Total Colifori Rule	m Copper	Asbestos	Stage WQP 2 DBPI
-			VP009	PRAC LIFE		Р	Υ	1		
00700 ENTRY P	OINT		3	ENTRY PO	INT	Α				
10978 WELL			2	WELL		Α				
			Co	ntact Info	ormation					
Name				Organization					Job Title	
Mr. John Sutor				Valley Presby	terian Church		E	lder		
Mailing Address Lir	ie One		Mailing Addre	ess Line Two				City	State	Zip Code
21 West Whisconie	r Road					Bro	ookfield		СТ	06804
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Pho	ne Em	nail Add	ress		
203-775-2624					203-775-9118	JG:	SUTOR@	CHARTER.NI	Ε <b>T</b>	
Contact Role(s): A	dministrative	Contact								
Name				Organization					Job Title	
Valley Presbyteria	n Church									
Mailing Address Lir	ie One		Mailing Addre	ess Line Two				City	State	Zip Code
21 West Whisconie	r Road					Bro	ookfield		CT	06804
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Pho	ne Em	nail Add	ress		
Contact Role(s): O	wner									
Name				Organization					Job Title	
Mr. H. James Muni	n						С	lerk		
Mailing Address Lir	ie One		Mailing Addre	ess Line Two				City	State	Zip Code
			21 West Whis	sconier Road		Bro	ookfield		СТ	06804
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Pho	ne Em	nail Add	ress		
203-775-2624						val	lleypres	ct@gmail.cor	n	
Contact Role(s): Lo	egal Contact					-				

#### Please note the following:

Towns Served: BROOKFIELD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C			Clas	ssification	Population	Owner Type	Primary Source	
CT0180794 CANDLEWOOD EAST BEACH CLUB/MARINA					NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
204 CANDLEWO	OD LAKE ROAD	Connections			1			

Towns Served: BROOKFIELD

Monitor	ing Requirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)				
Total Coliform (3100)		1 rou	tine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status		
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete		
	12/1/18 - 12/31/18		Complete		
	1/1/19 - 1/31/19		Complete		
	2/1/19 - 2/28/19		Complete		
	3/1/19 - 3/31/19		Complete		
	4/1/19 - 4/30/19				
	5/1/19 - 5/31/19				
	6/1/19 - 6/30/19				
	7/1/19 - 7/31/19				
	8/1/19 - 8/31/19				
	9/1/19 - 9/30/19				
	10/1/19 - 10/31/19				
Physical Parameters (PPS)		1 rout	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Monitoring Period Collection Period			
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete		
	1/1/19 - 3/31/19		Complete		
	4/1/19 - 6/30/19				
	7/1/19 - 9/30/19				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Nitrate (1040)		1 rout	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete		
	1/1/19 - 3/31/19		Complete		
	4/1/19 - 6/30/19				
	7/1/19 - 9/30/19				
Nitrite (1041)		1 re	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status		
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete		
	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
Other Cor	mpliance Schedules				
Compliance Schedule Activity	Due Date	Achieved D	ate		

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	9/22/2008	
RESPOND TO SANITARY SURVEY	11/14/2018	

### **Water System Facility and Sampling Point Inventory**

Water			Total	Lead and	
System Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID	ID	Description	Charles Rule	Rule Tier Ashestos WC	)P 2 DRPR

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

WS ID	PWS Name				Class	sification	Popula	tion O	wner Type Pr	imary Sourc
T018079	CANDLEWOOD EAST B	EACH CLUB/MARINA				NC	25		Р	GW
ocal Add	ress (where applicable)		Service	Resident	ial	Commerci	al Ind	lustrial	Combined	Agricultur
04 CAND	DLEWOOD LAKE ROAD		Connections			1				
owns Ser	rved: BROOKFIELD									
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	l	Α				
		KSHSB	KIT HAND SNI	K BACK		Α	Υ		Υ	
		KSHSF	KIT HAND SNI	K FRONT		Α	Υ		Υ	
		KSS	KIT SNK SING	LE		Α	Υ		Υ	
		KSTS	KIT SNK TRPL	SNK		Α	Υ		Υ	
	RREXTN01	RR EXTERIOR NO 1			A Y			Υ		
	RREXTNO2	RR EXTERIOR	NO 2		Α	Υ	Υ			
	RRF2N01	RR 2ND FLOOR NO 1			Α	Υ		Υ		
		RRF2N02	RR 2ND FLOO	R NO 2		Α	Υ		Υ	
		RRF2N03	RR 2ND FLOO	R NO 3		Α	Υ		Υ	
		RRK	RR KITCHEN			Α	Υ		Υ	
		RRLRN01	LL LADY ROOF	M NO 1		Α	Υ		Υ	
		RRLRN02	LL LADY ROOF	M NO 2		Α	Υ		Υ	
		RRLRN03	LL LADY ROOF	M NO 3		Α	Υ		Υ	
		RRLRN04	LL LADY ROOF	M NO 4		Α	Υ		Υ	
		RRMRN01	RR MENS NO	1		Α	Υ		Υ	
		RRMRN02	RR MENS NO	2		Α	Υ		Υ	
		RRMRN03	RR MENS NO	3		Α	Υ		Υ	
		RRMRN04	RR MENS NO	4		Α	Υ		Υ	
		SHOPSINK	SHOP SINK			Α	Υ		Υ	
		UPSTREAM	WITHIN 5 SER	VICE CON		Α				
00700	ENTRY POINT	3	ENTRY POINT			Α				
58507	WELL 1	2	WELL 1			Α				

Connecticut Department of Public Health Drinking Water Section

	Contact Information											
Name				Organization	1		Job Title					
Mr. Mitchel J. O'ha	ra, Jr.			O'hara Holdi	ings, LLC		Member					
Mailing Address Lin	e One		Mailing Add	ess Line Two			City	State	Zip Code			
204 Candlewood La	ke Road					Brookfie	eld	СТ	06804			
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress					
203-775-2253						mitchjr@	gcandlewood	east.com				

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

58510 PRESSURE TANK

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name					Classification   Population   Owner Type   Prim			imary Source				
CT0180854	COLONIAL SQUARE SHOPPING CENTER				NC	25	Р		GW			
Local Address (w	Service	Residential		Commercia	al Industri	al Combir	ned	Agricultural				
491 FEDERAL RC	AD	Connections			1							

491 FEDERAL ROAD	Connections	1		
Towns Served: BROOKFIELD		·		
Mo	onitoring Requiremen	its		
Water System Facility: DISTRIBUTION SYSTEM (W	VSF ID: 00600)			
Total Coliform (3100)			1 rou	itine (RT) per month
Sampling Point (Sampling Point ID)	Monitorin	g Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 1	11/30/18		
	12/1/18 - 1	12/31/18		
	1/1/19 - 1	1/31/19		
	2/1/19 - 2	2/28/19		
Physical Parameters (PPS)			1 rou	itine (RT) per month
Sampling Point (Sampling Point ID)	Monitorin	g Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 1	11/30/18		
	12/1/18 - 1	12/31/18		
	1/1/19 - 1	1/31/19		
	2/1/19 - 2	2/28/19		
Water System Facility: ENTRY POINT (WSF ID: 00)	700)			
Nitrate And Nitrite (NOX)			1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitorin	g Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 1	2/31/18		Complete
	1/1/19 - 1	2/31/19		
	1/1/20 - 1	2/31/20		
Water System Facility: WELL (WSF ID: 20378)				
E. Coli (3014)			1 trigg	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitorin	g Period	<b>Collection Period</b>	<b>Compliance Status</b>
WELL (2)	10/12/18 -	10/18/18		Complete
	10/12/18 -	10/18/18		Complete
	10/12/18 -	10/18/18		Complete
Othe	er Compliance Schedu	ıles		
Compliance Schedule Activity	D	ue Date	Achieved L	Date
CROSS CONNECTION EXEMPTION	3,	/1/2013		
L2 ASSESSMENT FORM SUBMITTAL	9/	28/2018		
L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)	9/	28/2018		
L2 ASSESSMENT FORM SUBMITTAL	10,	/21/2018		

L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)		11/	11/2018								
Public Notification Requirements											
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	9/29/18 -	2	12/21/2018		12/31/2018						
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	10/22/18 -	2	1/9/2019		1/19/2019						
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	11/12/18 -	2	1/18/2019		1/28/2019						
Physical Parameters M&R Violation	12/1/18 - 12/31/18	3	2/22/2020		3/3/2020						

10/21/2018

L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)

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	Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name				Classification Popula		Population	Owner Type	Primary Source				
CT0180854	CT0180854 COLONIAL SQUARE SHOPPING CENTER				NC	25	Р	GW				
Local Address (	Local Address (where applicable)			ntial Commerc		al Industri	al Combine	ed Agricultural				
491 FEDERAL R	OAD	Connections			1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: BROOKFIELD

Public Notification Requirements										
	Compliance Notice <u>Public Notification</u> <u>PN Certificati</u>					fication_				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	11/1/18 - 11/30/18	3	2/22/2020		3/3/2020					
Total Coliform M&R Violation	12/1/18 - 12/31/18	3	2/22/2020		3/3/2020					
Total Coliform M&R Violation	11/1/18 - 11/30/18	3	2/22/2020		3/3/2020					

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
20378	WELL	2	WELL	Α						

			Co	ontact Inf	ormation				
Name				Organization	1		Job Title		
Mr. Frank Fioretti				Westchester	Shopping Ctr., Inc				
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code	
659 Forest Avenue						Rye	NY	10580	
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	E Email Address			
914-967-6355			91	4-645-4533		spot43@aol.com			
Contact Role(s): A	dministrative (	Contact, Leg	gal Contact, O	wner	•				
2011140111010(3)1			,ui comuct, c						

Name Organization Job Title

Westchester Shopping Ctr, Inc Mailing Address Line One Mailing Address Line Two City State Zip Code C/O Frank Fioretti 659 Forest Avenue NY 10580 Rye **Business Phone** Mobile Phone Emergency Phone Email Address Extension Fax

Contact Role(s): Legal Contact, Owner

#### Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0181104	189 SPORTS CAFE				NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
189 FEDERAL RO	DAD	Connections			1			

Towns Served: BROOKFIELD

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)								
Total Coliform (3100)		1 routine (RT) per quarto							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)		1 routine (RT) per quarter							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>	
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete	
	1/1/19 - 12/31/19		Complete	
	1/1/20 - 12/31/20			

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier Asbestos	Stage NQP 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		BS1	BAR SNK NO 1	Α	Υ	Υ				
		BS2	BAR SNK NO 2	Α	Υ	Υ				
		BSMTUTILITY	BASEMENT UTILITY SNK	Α	Υ	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		KSHS	KIT HAND SNK	Α	Υ	Υ				
		KSTS	KIT SNK TRPL SNK	Α	Υ	Υ				
		RRLR	RR LADY ROOM	Α	Υ	Υ				
		RRMR	RR MENS RR	Α	Υ	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
20398	WELL	2	WELL	Α						

			Co	ontact Inf	ormation				
Name		Organization	1			Job Title			
Mr. Elias Hawli				Eli Group, LL	.C		Owner		
Mailing Address Line One		Mailing Addr	Mailing Address Line Two			City	State	Zip Code	
189 Federal Road						Brookfie	ld	СТ	06804
Pusiness Phone	Eytoncion	Fav	N/A	shila Dhana	Emorgoney Dhono	Email Ac	ldrocc		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	irtmei	nt of	Public	Healt	h Di	inking	g Water	Section	l	
	Wa	ter Qua	lity M	onit	oring a	ind Co	mpl	iance :	Schedul	le		
PWS ID	PWS Name						Clas	sification	Population	Owner Type	Prima	ary Source
CT0181104	189 SPORTS CAF	E						NC	25	Р		GW
Local Address (w	here applicable)				Service	Resid	ential	Commerc	ial Industri	al Combin	ed A	gricultural
189 FEDERAL ROAD					Connectio	ns		1				
Towns Served: BI	ROOKFIELD					'			"		'	
Dusiness Filone	EXCENSION	Tax		IVIODIII	one rhone   Lineigency rhone   Linaii Address							
203-775-7072		203-775-	1813			ehawli@gmail.com						
Contact Role(s):	Administrative	Contact, Leg	gal Contac	ct								
Name				Or	Organization J				Job Tit	Job Title		
One Hundred Eig	hty Nine Federa	l Rd LLC										
Mailing Address	Line One		Mailing A	Address	Line Two				City		Zi	p Code
189 Federal Rd								Brook	field	СТ	(	06804
Business Phone	Extension	Fax		Mobile	e Phone	Emerger	icy Pho	ne Email	Email Address			
Contact Role(s):	Owner											

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- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0181124	GOLF QUEST - BROOKFIELD			NC	28	Р	GW
Local Address	(where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
1 SAND CUT LA	ANE	Connections		1			

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)								
Total Coliform (3100)		1 routine (RT) per quarte							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						

Public Notification Requirements							
	Compliance Notice <u>Public Notification</u> <u>PN Certification</u>						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	3/2/2018		3/12/2018		
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	3/2/2018		3/12/2018		
E. Coli	4/1/17 - 6/30/17	3	9/14/2018		9/24/2018		

1/1/19 - 12/31/19

1/1/20 - 12/31/20

Complete

	Wa	ter System Facili	ty and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22741	WFIL 1	2	WFLL	Α					

			C	ontact Info	ormation				
Name				Organization Job Tit			Job Title		
Mr. Thomas J. Brov	vn			K/B Enterprises of Brkfld, LLC Principal (Member)					
Mailing Address Lin	e One		Mailing Add	lress Line Two			City	State	Zip Code
One Sand Cut Road				Brookfield CT				СТ	06804
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Ac	ddress		
202 775 2550		202 775	24.04		202 775 255				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking water Section								
	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	e		
PWS ID	PWS ID PWS Name					Population	Owner Type	Primary Source	
CT0181124	GOLF QUEST - BROOKFIELD			GW					
Local Address (v	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural		
1 SAND CUT LA	NE	Connections			1				
Towns Served:	BROOKFIELD					·			
203-775-355	6 203-775-9191		203-775-	-355	б				
Contact Role(s)	: Administrative Contact, Legal Contact, Own	er							

Connecticut Department of Public Health Drinking Water Costion

#### Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

				'D 11: *	r 1.1 m			7 .	C		
		•	artment of				_			ction	
	I	Vater Qua	ality Monit	oring an	d Comp	oliano	ce Sch	redul	e		
PWS ID	PWS Name				C	lassificat	ion Pop	oulation	Owne	er Type P	rimary Source
CT018118	NEWBURY I	NN				NC		36		Р	GW
Local Add	lress (where applica	ıble)		Service	Residentia	l Comn	nercial	Industria	ıl C	Combined	Agricultural
1030 FED	ERAL ROAD			Connections		:	1				
Towns Se	rved: BROOKFIELD										
			Monito	oring Requ	uirement	ts					
Water Sy	ystem Facility: <b>D</b>	ISTRIBUTION	SYSTEM (WSF I	D: 00600)							
Total Co	oliform (3100)							1	rout	ine (RT)	per quarter
Sam	pling Point (Sampli	ng Point ID)			Monitoring	Period	Colle	ction Per	iod	Compl	iance Status
Seled	ct from Inventory o	f Active Samplir	ng Points		10/1/18 - 12	2/31/18				Co	omplete
					1/1/19 - 3,	/31/19				Co	omplete
					4/1/19 - 6,	/30/19					
					7/1/19 - 9,	/30/19					
•	Parameters (PP	•						1	rout	ine (RT)	per quarter
Sampling Point (Sampling Point ID)					Monitoring	Period	Colle	Collection Period			iance Status
Select from Inventory of Active Sampling Points				10/1/18 - 12					Co	omplete	
					1/1/19 - 3,					Co	omplete
					4/1/19 - 6,						
					7/1/19 - 9,	/30/19					
Water Sy	ystem Facility: <b>E</b> I	NTRY POINT (	(WSF ID: 00700)								
	And Nitrite (NOX	•								-	RT) per year
	pling Point (Sampli	ng Point ID)		Monitoring Period Collection Period			iod	Compliance Status			
ENT	RY POINT (3)				1/1/18 - 12						omplete
					1/1/19 - 12					Co	omplete
					1/1/20 - 12						
		Water 9	System Facili	ty and Sar	mpling P	oint li	nvent	ory			
Water							Total	Lead o	and		
-	Water System Fac	cility	Sampling Point		int		Coliforn			0-66	Stage
Facility IE			ID .	Description		Status		Ruie	ier i	Aspestos	WQP 2 DBPR
00600	DISTRIBUTION SYS	IEM	4	DISTRIBUTION		A	Υ				
			DOWNSTREAM			A					
00=05	ENITEN E STORE		UPSTREAM	WITHIN 5 SEF		A					
00700	ENTRY POINT		3	ENTRY POINT		Α					
22954	WELL #1		2	WELL		Α					
59788	ATMOSPHERIC TA	NK									
			Con	tact Infori	mation						
Name			Oı	ganization						Job Title	
Mr. Ghan	ishyam Patel		Ne	ewbury Inn							
N 4 - 111 - A	dalas sa Lina Ona		Mailina Addusa	Line Torre				Cit.		Chaha	7: CI-

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

City

patelraha123@yahoo.com

Brookfield

Emergency Phone | Email Address

State

СТ

Zip Code

06804

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

1030 Federal Rd.

**Business Phone** 

203-775-0220

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarrey	Thomas and	a don	ipiidiiee	ociicaa.		
PWS ID	PWS Name			Classification	Population	Owner Type	<b>Primary Source</b>
CT0181184	NEWBURY INN		NC	36	Р	GW	
Local Address (\	vhere applicable)	Service	Service Residen			ial Combin	ed Agricultural
1030 FEDERAL ROAD		Connections		1			
Towns Comrade I	DDOOKELELD	,		'			

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Water Quality Monito				U			1	
PWS ID	PWS Name					Population	Owner Type		rimary Source
CT0181194	PANCHOS & GRINGOS MEXICAN RESTAURAN	<b>NT</b>			NC	25	Р		GW
Local Address (v	where applicable)	Service	Resider	sidential Commercia		l Industri	al Combine		Agricultural
779 FEDERAL RO	Connections			1					

Monitor	ing Requirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)				
Total Coliform (3100)		1 routine (RT) per quarte			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>		
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete		
	1/1/19 - 3/31/19		Complete		
	4/1/19 - 6/30/19				
	7/1/19 - 9/30/19	7/1/19 - 9/30/19			
Physical Parameters (PPS)		1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status		
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete		
	1/1/19 - 3/31/19		Complete		
	4/1/19 - 6/30/19				
	7/1/19 - 9/30/19				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year		
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status		
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete		
	1/1/19 - 12/31/19				
	1/1/20 - 12/31/20				

Public Notification Requirements							
	Compliance	Notice	Public Notification PN Certification			<u>fication</u>	
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Total Coliform MCL Violation	9/1/12 - 9/30/12	2	10/24/2012		11/3/2012		
Total Coliform MCL Violation	10/1/12 - 10/31/12	2	12/7/2012		12/17/2012		
E. Coli	7/1/16 - 9/30/16	3	3/15/2018		3/25/2018		

		, , =,	10 3/30/10	3/ 13/ 2	010	3/23/2010
	Wat	er System Facili	ity and Sampling P	oint Ir	ventor	γ
Water					Total	Lead and
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper Stage
Facility IE	)	ID	Description	Status	Rule	Rule Tier Asbestos WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ	
		BS	BAR SINK	Α	Υ	Υ
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		KSHS	KIT HAND SNK	Α	Υ	Υ
		KSS	KIT SNK SINGLE	Α	Υ	Υ
		KSTS	KIT SNK TRPL SNK	Α	Υ	Υ
		RRLR	RR LADY ROOM	Α	Υ	Υ
		RRMR	RR MENS RR	Α	Υ	Υ
		SS	SERVERS STATION	Α	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0181194	PANCHOS & GRINGOS MEXICAN RESTAURAN	IT		NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
779 FEDERAL RO	DAD	Connections		1			

	V	<b>Water System Facili</b>	ity and Samp	ling Point I	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Sto	age
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 D	)BPR
22980	WELL #1	2	WELL #1	Α					

				_					
				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. John Matos				J&C Matos, I	LC.		President		
Mailing Address Line One Mailing Ad			ddress Line Two	ress Line Two			State	Zip Code	
779 Federal Rd						Brookfie	ld	СТ	06804
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
203-740-1767 203-740-8410				203-240-0955	johnnyn	npg@AOL.COM	1		

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

### Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0181214	70 CANDLEWOOD LAKE ROAD				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
70 CANDLEWO	DD LAKE RD	Connections			1			

Towns Served: BROOKFIELD

Monitoring Re	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

	W	ater System Facili	ty and Sampling P	oint Ir	nventoi	ſy			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		KSHS	KIT HAND SNK	Α	Υ		Υ		
		KSTS	KIT SNK TRPL SNK	Α	Υ		Υ		
		RR	RR GENERIC RR	Α	Υ		Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
23072	WELL #1	2	WELL #1	Α					
5/1667	BI VUUEB TVIIK								

**BLADDER TANK** 

			Co	ontact Inf	ormation				
Name				Organization	1		Job Title		
Mr. Harold Nadeau	l						Trustee		
Mailing Address Line One Mailing Add			Mailing Addr	ress Line Two			City	State	Zip Code
L&H LLC.			77 Stagecoad	ch Circle		Milford		СТ	06460
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Ac	ldress		
203-263-2532						nadeahe	@gmail.com		
Contact Role(s): A	dministrative	Contact, Leg	al Contact						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

PWS ID	PWS Name					Classifi	cation	Population	Owner Type	Primary Source
CT0181214	70 CANDLEWOOD I	AKE ROA	\D			N	С	25	Р	GW
Local Address (wl	nere applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultura
70 CANDLEWOOI	LAKE RD			Connection	S		1			
Towns Served: BF	ROOKFIELD					,				
Name				Organization					Job Title	9
. & H Nadeau LLO	:									
. & n Naueau LL								City	State	Zip Code
	ine One		Mailing Addr	ess Line Two				City	State	zip coac
Mailing Address I			Mailing Addr	ess Line Two			Milford		СТ	06460

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of	Public H	ealth	Di	rınkıng	, Water	Section		
	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	e		
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Prin	mary Source
CT0181224	849 FEDERAL ROAD				NC	34	Р		
Local Address (	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed	Agricultural
849 FEDERAL R	RD.	Connections					1		

Towns Served: BROOKFIELD			
Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Com	pliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
RESPOND TO SANITARY SURVEY	6/2/2017		

	Wa	ater System Facili	ty and Sampling P	oint Ir	nventor	Ϋ́	
Water					Total	Lead and	_
System	Water System Facility		Sampling Point		Coliform	Copper	Stage
Facility ID		ID	Description	Status	Rule	Rule Tier Asbes	stos WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
		KSHS	KIT HAND SNK	Α	Υ	Υ	
		KSS	KIT SNK SINGLE	Α	Υ	Υ	
		KSTS	KIT SNK TRPL SNK	Α	Υ	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700	ENTRY POINT	3	ENTRY POINT	Α			
23123	WELL #1	2	WELL	Α		·	

			C	ontact Inf	ormation					
Name				Organization	า			Job Title		
Mr. Salvatore Spro	viero						Property M	anager		
Mailing Address Lin	e One		Mailing Add	ress Line Two	ne Two City State 2					
PO Box 855						Brookfie	ld	СТ	06804	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ldress			
203-948-7933		203-775-	7844		203-947-2072	salbonn	salbonn@sbcglobal.net			
Contact Role(s): A	dministrative	Contact, Ow	ner		-					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticu	т рера	irtment (	of Public	Health	Drii	ıkıng	g water	Section		
	Wate	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Prim	ary Source
CT0181224	849 FEDERAL ROA	D				Ν	IC	34	Р		
Local Address (w	here applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed A	gricultural
49 FEDERAL RD			Connection	ns				1			
Towns Served: B	ROOKFIELD				,	,				·	
Name				Organization Job Title							
Mr. Michael Spr	oviero							Owner			
Mailing Address	Line One		Mailing Addr	ess Line Two				City		Zi	p Code
P.O. Box 855							Brookf	ield	СТ	(	06804
Business Phon	e Extension	Fax	Mo	bile Phone	Emergency	/ Phone	one Email Address		,		
203-775-0452											
6	1   C t t   C-		'				-				

#### Contact Role(s): Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0189864	439 CANDLEWOOD LAKE RD				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
439 CANDLEWC	OD LAKE ROAD	Connections			1			

POINT OF ENTRY (3)

Monitoring Re	Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)										
Total Coliform (3100)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18									
	1/1/19 - 3/31/19									
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Physical Parameters (PPS)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18									
	1/1/19 - 3/31/19									
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Water System Facility: POINT OF ENTRY (WSF ID: 00700)										
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>							

### **Other Compliance Schedules**

1/1/18 - 12/31/18 1/1/19 - 12/31/19 1/1/20 - 12/31/20

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	5/30/2012	
RESPOND TO SANITARY SURVEY	5/24/2017	

	Public Notification R	equiren	nents			
	Compliance	Notice	ice <u>Public Notification</u>		PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	4/1/07 - 6/30/07	3	8/16/2008		8/26/2008	
Total Coliform M&R Violation	4/1/08 - 6/30/08	2	9/12/2008		9/22/2008	
Physical Parameters M&R Violation	7/1/07 - 9/30/07	3	11/26/2008		12/6/2008	
Physical Parameters M&R Violation	4/1/09 - 6/30/09	3	8/26/2010		9/5/2010	
Total Coliform MCL Violation	7/1/10 - 9/30/10	2	11/17/2010		11/27/2010	
Total Coliform M&R Violation	7/1/12 - 9/30/12	2	1/11/2013		1/21/2013	
Physical Parameters M&R Violation	7/1/12 - 9/30/12	3	12/12/2013		12/22/2013	

#### **Water System Facility and Sampling Point Inventory** Water Total Lead and Water System Facility Sampling Point Sampling Point System Coliform Copper Stage Facility ID ID **Description** Rule Rule Tier Asbestos WQP 2 DBPR **Status** 00600 DISTRIBUTION Υ **DISTRIBUTION SYSTEM** Α DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	dominouted by opan unionit	01 1 010110 11	0011011		2	,		•		
	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Prir	mary Source	
CT0189864	439 CANDLEWOOD LAKE RD				NC	25	Р		GW	
Local Address (where applicable)		Service	Residen	ntial	Commerci	al Industri	al Combin	ed	Agricultural	
439 CANDLEW	OOD LAKE ROAD	Connections			1					

Connecticut Department of Public Health Drinking Water Section

		Water Sy	stem Fa	cility and S	Sampling Poi	nt Inv	ento	ry		
Water System Water Facility ID	System Facility		Sampling Po	oint Sampling Descriptio			Total oliform Rule		Asbestos	Stage WQP 2 DBF
00700 POINT	OF ENTRY		3	POINT OF		Α				
53118 WELL			2	WELL		Α				
			C	Contact Info	ormation					
Name				Organization	ı				Job Title	
Mr. Keith H. Ans	tett			Al's Cookout	LLC		LLC	Member		
Mailing Address	ine One		Mailing Add	dress Line Two			C	ity	State	Zip Code
439 Candlewood	Lake Road					Broo	kfield		СТ	06804
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phor	ne Emai	l Addre	SS		
203-775-1900		203-775-2	1908			alsco	okout@	gmail.com		
Contact Role(s):	Administrative	Contact, Leg	al Contact							
Name				Organization					Job Title	
439 Candelwood	<b>Reality Holding</b>	LLC								
Mailing Address	ine One		Mailing Add	dress Line Two			C	ity	State	Zip Code
439 Candelwood	Lake Rd					Broo	kfield		СТ	06804
Business Phone	e Extension	Fax	N	Mobile Phone	Emergency Phor	ne Emai	l Addre	SS		
Contact Role(s):	Owner									
DI										

#### Please note the following:

Towns Served: BROOKFIELD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

Schedule Generation Date: 4/11/2019

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0189793	ST MARGUERITE BOURGEOYS CHURCH				NC	25	Р	GW	
Local Address (where applicable)		Service	Residen	tial Commerci		al Industri	al Combine	ed Agricultural	
138 CANDLEWOOD LAKE ROAD		Connections			1				

Towns Served: BROOKFIELD			+
Monito	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20	_	
Other Co	mpliance Schedules		

	1/1/20 - 12/31/20								
Other Compliance Schedules									
Compliance Schedule Activity	Due Date Achieved Date								
CROSS CONNECTION EXEMPTION	3/1/2022								
Water System Facility and Sampling Point Inventory									

		water system raciii	ity and Sampling P	OIIIL II	iventoi	У		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage ? DBPR
00600	DISTRIBUTION	4	GENERIC DISTRIBUTION	Α				
		D001	MENS RESTROOM	Α	Υ	N	Υ	
		D002	WOMENS RESTROOM	Α	Υ	N	Υ	
		D003	KITCHEN SINK 1	Α	Υ	N	Υ	
		D004	KITCHEN SINK 2	Α	Υ	N	Υ	
		D005	KITCHEN SINK 3	Α	Υ	N	Υ	
		D006	SACRIST SINK	Α	Υ	1	Υ	
		D007	SACRIST BATHROOM	Α	Υ	N	Υ	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
53678	WELL	2	WELL	Α				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	dominouted b open unions of Fabric From 15 Francis Control									
Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				Classification		Population	Owner Type P		mary Source	
CT0189793	ST MARGUERITE BOURGEOYS CHURCH				NC	25	Р		GW	
Local Address (v	Service	Resider	ntial Commerci		al Industri	al Combin	ed	Agricultural		
138 CANDLEWOOD LAKE ROAD Connections					1					

Connecticut Department of Public Health Drinking Water Section

138 CANDLEWOOD LAKE ROAD	Connection	ns	1			
Towns Served: BROOKFIELD						,
	<b>Certified Operato</b>	r Information				
Water System Facility: DISTRIBUTION (W	/SF ID: 00600)					
Facility Classification: SMALL WATER SYSTEM						Certification
Operator Name	Operator Type	Certification(s)				Expiration
RINALDI, EVELYN	CHIEF OPERATOR	WATER TREATMEN	T PLANT	OPERATOR - CL	ASS II	6/30/2021
		WATER TREATMEN	T PLANT	OPERATOR IN	TRAINING	6/30/2019
		DISTRIBUTION SYSTEM OPERATOR - CLASS III				
BUTLER, JAMES	ASSIGNED OPERATOR	WATER TREATMEN	6/30/2020			
	Contact Info	ormation				
Name	Organization		Job Title			
Reverend Shawn Cutler	St Marguerite	Bourgeoys Church		Pastor		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
138 Candlewood Lake Rd			Brookfie	ld	СТ	06804
Business Phone Extension Fax	Mobile Phone	Emergency Phone Email Address				
203-775-5117 210 203-775-92	254	ldiorio@stmarguerite.org				
Contact Role(s): Administrative Contact, Lega	l Contact	<u> </u>	·		·	

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

			CD 11:		_				0		
	Connecticut Dep						_			tion	
	Water Qu	ıality Moni	toring an	d Con	npl	iance	Sch	edul	e		
PWS ID	PWS Name				Clas	ssification	n Popu	ulation	Owne	r Type P	rimary Source
CT018992	24 292 CANDLEWOOD LAKE	RD				NC		35		Р	GW
Local Add	ress (where applicable)		Service	Residen	tial	Commer	rcial I	ndustria	ıl C	ombined	Agricultural
292 CAND	DLEWOOD LAKE RD		Connections			1					
Towns Sei	rved: BROOKFIELD										
		Moni	toring Requ	uireme	nts						
Water Sy	stem Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF	ID: 00600)								
Total Co	liform (3100)							1	routi	ne (RT)	per quarter
Sam	pling Point (Sampling Point ID)			Monitori	ing P	eriod	Collect	tion Per	iod	Compli	iance Status
Selec	ct from Inventory of Active Sampl	ing Points		10/1/18 -	- 12/3	31/18				Co	mplete
				4/1/19 -	6/3	0/19					
				7/1/19 -	9/30	0/19					
Physical	Parameters (PPS)							1	routi	ne (RT)	per quarter
Sam	pling Point (Sampling Point ID)			Monitori	ing P	eriod	Collect	tion Per	iod	Compli	iance Status
Selec	ct from Inventory of Active Sampl	ing Points		10/1/18 -	- 12/3	31/18				Co	mplete
				4/1/19 -	- 6/3	0/19					
				7/1/19 -	9/30	0/19					
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700	0)								
	And Nitrite (NOX)								1 rc	outine (F	RT) per year
_	pling Point (Sampling Point ID)			Monitori			Collect	tion Per	iod		iance Status
ENTF	RY POINT (3)			1/1/18 -				L-12/31	_	Co	mplete
				1/1/19 -				L-12/31			
				1/1/20 -	12/3	31/20	4/1	L-12/31			
	Water	System Faci	lity and Sai	mpling	Po	int Inv	ento	ry			
Water				_			Total	Lead o			
System	Water System Facility	Sampling Poin ID	t Sampling Poil Description	int		C	oliform			0-64	Stage
Facility ID		10		N.I.		<u>Status</u>	Rule	Kule	iier A	Aspestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4 DOM/NICTOE * *	DISTRIBUTION  M WITHIN 5 SEF		NI.	A					
		UPSTREAM	WITHIN 5 SER			Α					
00700	ENITRY DOINT				N	Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
55268	WELL 1	2	WELL 1			Α					
60954	WATER SOFTENER				_						
			ntact Infor	mation	)						
Name			Organization						J	lob Title	
Mr. Scott										1_	
	ddress Line One	Mailing Addre	ess Line Two					City		State	Zip Code
292 Candl	lewood Lake Drive					Broo	kfield			CT	06804

Emergency Phone Email Address

dth6481@aol.com

**Mobile Phone** 

**Business Phone** 

203-775-6635

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water quality Monitoring and domphanee beneaute									
PWS ID	S ID PWS Name			Classification	Population	Owner Type	<b>Primary Source</b>			
CT0189924	292 CANDLEWOOD LAKE RD			NC	35	Р	GW			
Local Address (\	Local Address (where applicable)		Residen	tial Commerc	ial Industri	al Combine	ed Agricultural			
292 CANDLEWO	OOD LAKE RD	Connections		1						
Towns Served: I	BROOKFIELD									

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Ow	vner Type	Prim	nary Source
CT0189944	THE DIVE SHOP AQUATIC CENTER				NC	29		Р		GW
Local Address (where applicable)		Service	Resident	ntial Commer		ial Industria		Combine	ed A	Agricultural
439 FEDERAL R			1							

Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (WSF I										
Total Coliform (3100)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete							
	1/1/19 - 3/31/19		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Physical Parameters (PPS)		1 routine (RT) per quarte								
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete							
	1/1/19 - 3/31/19		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Nitrate And Nitrite (NOX)		1 rd	outine (RT) per year							
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status							
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete							
	1/1/19 - 12/31/19		Complete							
	1/1/20 - 12/31/20									
Water System Easil	ity and Sampling Doint In	vontory								

	Wa	ater System Facili	ty and Sampling P	oint Ir	vento	у
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		FAMILYCHGRM	FAMILY CHANGING ROOM	Α	Υ	Υ
		PARTYROOM	PARTY ROOM	Α	Υ	Υ
		RRLCRL	RR LADY CHANGE RM L	Α	Υ	Υ
		RRLCRR	RR LADY CHANGE RM R	Α	Υ	Υ
		RRLRL	RR LADY ROOM L	Α	Υ	Υ
		RRLRR	RR LADY ROOM R	Α	Υ	Υ
		RRMCRL	RR MEN CHANGE RM L	Α	Υ	Υ
		RRMCRR	RR MEN CHANGE RM R	Α	Υ	Υ
		RRMRL	RR MENS RR L	Α	Υ	Υ
		RRMRR	RR MENS RR R	Α	Υ	Υ
		RROFF	RR OFFICE	Α	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		
55647	WELL	2	WELL	Α		
55649	ATMOSPHERIC TANK					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	TAT . O I'M W. '. ' IC I' CI II										
	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				Classification		Population	Owner Typ	e Pri	Primary Source		
CT0189944	THE DIVE SHOP AQUATIC CENTER				NC	29	Р		GW		
Local Address (v	Service	Residen	tial Commerci		al Industri	al Combi	ned	Agricultural			
439 FEDERAL RO	Connections			1							

Connecticut Department of Public Health Drinking Water Section

**Water System Facility and Sampling Point Inventory** Lead and Water **Total** Sampling Point Sampling Point Water System Facility System **Coliform** Copper Staae ID **Description Facility ID** Rule Rule Tier Asbestos WQP 2 DBPR Status **Contact Information** Name Organization Job Title Mr. Gary Gordon The Dive Shop Owner Mailing Address Line One Mailing Address Line Two City State Zip Code 439 Federal Road Brookfield CT 06804 Emergency Phone Email Address **Business Phone** Extension Mobile Phone Fax 203-775-2755 203-740-9877 203-740-9166 diveshop1@aol.com Contact Role(s): Administrative Contact, Legal Contact Name Organization Job Title 439 Federal Road Inc Mailing Address Line One Mailing Address Line Two State Zip Code City 439 Federal Rd 06804 Brookfield CT **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address

## Contact Role(s): Owner Please note the following:

Towns Served: BROOKFIELD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

## Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0189954	83 FEDERAL ROAD				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
83 FEDERAL RO	AD	Connections			1			

Towns Served: BROOKFIELD

Towns Served: BROOKFIELD						
Monitor	ing Requirements					
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID:</b>	00600)					
Total Coliform (3100)		1 rout	ine (RT) per quarter			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>			
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete			
	1/1/19 - 3/31/19		Complete			
	4/1/19 - 6/30/19					
	7/1/19 - 9/30/19					
Physical Parameters (PPS)		1 routine (RT) per quarte				
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>			
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete			
	1/1/19 - 3/31/19					
	4/1/19 - 6/30/19					
	7/1/19 - 9/30/19					
Water System Facility: ENTRY POINT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>			
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete			
	1/1/19 - 12/31/19		Complete			
	1/1/20 - 12/31/20					

Public Notification Requirements										
	Compliance	Notice	Public Notification		PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	1/1/14 - 1/31/14	2	6/26/2014		7/6/2014					
Physical Parameters M&R Violation	10/1/16 - 12/31/16	3	4/19/2018		4/29/2018					
Total Coliform M&R Violation	10/1/16 - 12/31/16	3	4/19/2018		4/29/2018					
Physical Parameters M&R Violation	1/1/17 - 3/31/17	3	6/7/2018		6/17/2018					
Total Coliform M&R Violation	1/1/17 - 3/31/17	3	6/7/2018		6/17/2018					

#### **Water System Facility and Sampling Point Inventory** Lead and Water **Water System Facility** Sampling Point Sampling Point System Coliform Copper Stage ID **Description** Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status **DISTRIBUTION SYSTEM** 4 **DISTRIBUTION SYSTEM** 00600 Α DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α **ENTRY POINT** 00700 **ENTRY POINT** Α 56924 WFII 1 ₩FII 1

	Contact Informa	tion			
Name	Organization			Job Title	
Mr. Fadi Qumbargi	li Qumbargi Brookfield Auto Care Owner				
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code
		D 10:1			0.000.4

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Connecticut Department of Public Health Drinking Water Section												
	Wa	ter Qua	lity Monite	oring a	nd Con	nplia	nce S	chedul	le			
PWS ID	PWS Name					Classif	ication [	Population	Owr	er Type	Pri	mary Source
CT0189954	54 83 FEDERAL ROAD				N	С	25		Р		GW	
Local Address (where applicable)			Service	Residen	tial Co	mmercia	l Industri	al	I Combined		Agricultural	
83 FEDERAL ROAD			Connection	ns		1						
Towns Served: BF	ROOKFIELD								1			
83 Federal Road	,						Brookfie	eld		CT		06804
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Phone	Email A	Email Address				
347-782-2681							stevesdiagnostic@gmail.com					
Contact Role(s):	Administrative	Contact, Leg	gal Contact, Own	er								
Name			Or	ganization			Job Title					
S & F Investment	LLC											
Mailing Address L	ine One		Mailing Address	Line Two			City			State		Zip Code
39 8Th Avenue							Brookly	n		NY		11217
Business Phone	Extension	Fax	Mobil	e Phone	Emergency Phone Email Address							
347-782-2681							stevesd	iagnostic@	gmai	l.com		
Contact Role(s):	Owner		,	'								

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

	Connecticut Department o	of Public H	lealth	D	rinking	Water	Se	ction		
	Water Quality Moni				_					
PWS ID	PWS Name			Cla	ssification	Population	Owi	ner Type	Primary Source	
CT0189964	SAINT JOSEPH CHURCH				NC	25		Р	GW	
Local Address (	where applicable)	Service	Residen	tial	Commerci	al Industri	al	Combine	ed Agricultural	
163 WISCONIER	R ROAD	Connections			1					
Towns Served:	Towns Served: BROOKFIELD									
	Moni	toring Requ	uireme	nts	5					
Water System	Facility: DISTRIBUTION SYSTEM (WSF	ID: 00600)								
<b>Total Coliforn</b>	m (3100)					1	rou	itine (RT	) per quarter	
Sampling	Point (Sampling Point ID)		Monitori	ng I	Period C	ollection Pe	riod	d Compliance Status		
Select fror	m Inventory of Active Sampling Points		10/1/18 -	12/	/31/18					
		_	1/1/19 -	3/3	31/19			(	Complete	
			7/1/19 -	9/3	80/19					
<b>Total Coliforn</b>	m (3100)							3 (TI	R) per month	
Sampling Point (Sampling Point ID)			Monitoring Period		Period C	ollection Pe	riod	Comp	oliance Status	
Select fror	Select from Inventory of Active Sampling Points									
Dhysical Days				4		utina /DT	1 man aurantan			

Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

water System Facility: CHURCH WELL (WSF ID: 05010)			
E. Coli (3014)		1 trigge	ered (TG) per period
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
CHURCH WELL (2)	3/20/19 - 3/26/19		

Other Comp	Due Date 4/19/2019	
Compliance Schedule Activity	Due Date	<b>Achieved Date</b>
L1 ASSESSMENT (MULTIPLE TC+)	4/19/2019	

Public Notification Requirements									
	Compliance	Notice	Public No	<u>tification</u>	PN Certification				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	2/22/2020		3/3/2020				
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	2/22/2020		3/3/2020				

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage DBPR	
00600	DISTRIBUTION SYSTEM	3	GENERATED BY BATCH	Α	Υ					
		4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

					1				
PWS ID	PWS Name				Classifi	ication P	opulation	Owner Type	Primary Source
CT0189964	SAINT JOSEPH CHUR	СН			N	IC	25	Р	GW
Local Address (	where applicable)		Service	Residen	tial Co	mmercial	Industria	l Combine	ed Agricultural
163 WISCONIE	RROAD		Connections			1			

Water System Facility and Sampling Point Inventory									
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR				
	RRLR	RR LADY ROOM	A	Υ	Υ				
	RRMR	RR MENS RR	Α	Υ	Υ				
	SACRISTY HS	SACRISTY HAND SINK	Α	Υ	Υ				
	SACRISTY RR	SACRISTY REST ROOM	Α	Υ	Υ				
	UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700 ENTRY POINT	3	ENTRY POINT	Α						
05010 CHURCH WELL	2	CHURCH WELL	Α						

Contact Information										
Name				Organization	Organization			Job Title		
Reverend George F. O'neill				Saint Joseph	Saint Joseph Church And School					
Mailing Address Line One Mailing Add				Address Line Two	ress Line Two		City		Zip Code	
163 Whisconier Road P.O. Box 507				¢ 5072	2		Brookfield		06804-5072	
Business Phone	Extension	Fax Mo		Mobile Phone	Emergency Phone	Email Address				
203-775-1035	12	203-775-1684			203-775-5928	luke756@	uke756@gmail.com			

Contact Role(s): Administrative Contact, Legal Contact, Owner

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